REPORT - HIPAA 837I to Finance-RPS mapped fields only

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
		Health Care Claim: Institutional						The Finance Division will use this 837I transaction to send claims to Medicare and insurance companies for services provided at the Western State Hospital and the Eastern State Hospital.	Translation
	ST	**Transaction Set Header**		**R**				This Transaction Set sets up the transaction and identifies what kind of transmission this is.	Translation
	ST 01	Transaction Set Identifier Code	ID3	R				Hard code 837 (Health Care Claim).	Processing Logic
	ST 02	Transaction Set Control Number	AN9	R				Will be system assigned.	Processing Logic
	BHT	**Beginning of Hierarchical Transaction**		**R**				This transaction set further identifies the type of transmission including when it's being sent.	Translation
	BHT01	Hierarchical Structure Code	ID4	R				Hard Code: 0019 (Information Source, Subscriber, Dependent)	Processing Logic
	BHT02	Transaction Set Purpose Code	ID2	R				Choice: 00 = Original submission or 18 = Reissue	Processing Logic
	BHT03	Originator Application Transaction Identifier	AN30	R				Will be system assigned.	Processing Logic
	BHT04	Transaction Set Creation Date	DT8	R				Will be system assigned.	Processing Logic
	BHT05	Transaction Set Creation Time	TM8	R				Will be system assigned.	Processing Logic
	BHT06	Claim or Encounter Identifier	ID2	R				Choice: CH = Fee-for-service claims. RP = Reporting (for a batch of encounters)	Processing Logic

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
	REF	**Transmission Type Identification**		R				This is the transaction set that tells the receiver this is a test or real transmission.	Translation
	REF01	Reference Identification Qualifier	ID3	R				Hard Code: 87 (Functional category)	Processing Logic
	REF02	Transmission Type Code	AN30	R				System supplied, depending on whether test or real transmission. Please note: the codes are different after the addendum is official....	Processing Logic
1000A	*NM1*	*Submitter Name*		*R*				This Loop is used to identify who is sending the transmission.	Translation
1000A	**NM1**	**Submitter Name**		**R**				This segment is used to identify the submitter by name.	Translation
1000A	NM101	Entity Identifier Code	ID3	R				Hard code: 41 (Submitter)	Processing Logic
1000A	NM102	Entity Type Qualifier	ID1	R				Hard Code: 2 (Submitter is Non-Person Entity)	Processing Logic
1000A	NM103	Submitter Last or Organization Name	AN35	R				Hard Code: Washington State DSHS Finance Division	Processing Logic
1000A	NM108	Identification Code Qualifier	ID2	R				Hard Code: 46 (Electronic Transmitter Id Number)	Processing Logic
1000A	NM109	Submitter Identifier	AN80	R				I expect we will hard code this, but where do we get one?	System Questions
1000A	**PER**	**Submitter EDI Contact Information**		**R**				This segment tells the receiver who specifically to contact (and how)when the transmission of data doesn't look right.	Translation
1000A	PER01	Contact Function Code	ID2	R				Hard Code: IC (Information Contact)	Processing Logic
1000A	PER02	Submitter Contact Name	AN60	R				Hard Code: Washington State DSHS Finance Div Help Desk	Processing Logic
1000A	PER03	Communication Number Qualifier	ID2	R				Hard Code: EM (E-Mail)	Processing Logic

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
1000A	PER04	Communication Number	AN80	R				Hard Code: Help4me@dshs.wa.gov	Processing Logic
1000A	PER05	Communication Number Qualifier	ID2	S				Hard Code: TE (Telephone)	Processing Logic
1000A	PER06	Communication Number	AN80	S				Hard Code: 3606645879	Processing Logic
1000B	*NM1*	*Receiver Name*		*R*				This loop is used to identify the person the transmission is being sent to.	Translation
1000B	**NM1**	**Receiver Name**		**R**				This segment names who should be receiving the transmission.	Translation
1000B	NM101	Entity Identifier Code	ID3	R				Hard Code: 40 (Receiver)	Processing Logic
1000B	NM102	Entity Type Qualifier	ID1	R				Hard Code: 2 (Non-person entity)	Processing Logic
1000B	NM103	Receiver Name	AN35	R				This should be in the CCC code tables. Better check. If it is, this comment type can be changed to Processing Logic.	Processing Logic
1000B	NM108	Information Receiver Identification Number	ID2	R				Hard Code: 46 (Electronic Transmitter Identification Number (ETIN).	Processing Logic
1000B	NM109	Receiver Primary Identifier	AN80	R				But data should be contained in the CCC Code table. Better check. If it is, this comment type can be changed to Processing Logic.	System Questions
2000A	*HL*	*Billing/Pay-To Provider Hierarchical Level*		*R*				The Office of Financial Recovery acts as the Billing and Pay-To provider for the State Hospitals. So the 2000A loop is all that is required.	Translation
2000A	**HL**	**Billing/Pay-To Provider Hierarchical Level**		**R**				Used to identify the original entity who submitted the claim/encounter to the destination payer.	Translation
2000A	HL 01	Hierarchical ID Number	AN12	R				Will be system supplied and incremented.	Processing Logic
2000A	HL 03	Hierarchical Level Code	ID2	R				Hard Code: 20 (Information Source)	Processing Logic

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2000A	HL 04	Hierarchical Child Code	ID1	R				Choice: 1 = Additional Subordinate HL Data Segments or 0 = No additional Subordinate HL Data in this segment.	Processing Logic
2000A	**PRV**	**Billing/Pay-To Provider Specialty Information**		**S**				This is a situational segment. Not sure if we need it or not. Verbage is confusing since the addendum. Change to Translation after receiving answer.	System Questions
2000A	PRV01	Provider Code	ID3	R				Hard Code: PT (Pay-To)	Processing Logic
2000A	PRV02	Reference Identification Qualifier	ID3	R				Hard Code: ZZ (Provider Specialty Code (Taxonomy Code)	Processing Logic
2000A	PRV03	Provider Taxonomy Code	AN30	R				Where do we get this number?	Missing Legacy Data
2000A	**CUR**	**Foreign Currency Information**		**S**				This segment is not needed, per Denise, Rita, Sonja.	Translation
2000A	CUR01	Entity Identifier Code	ID3	R				This segment is not needed, per Denise, Rita, Sonja. So none of the subsequent data elements are needed.	Not Used
2000A	CUR02	Currency Code	ID3	R				This segment is not needed, per Denise, Rita, Sonja. So none of the subsequent data elements are needed.	Not Used
2010AA	*NM1*	*Billing Provider Name*		*R*				This Loop is used to identify the Billing party. In our case we act as the Billing and Pay-To provider (on behalf of WSH/ESH).	Translation
2010AA	NM1	**Billing Provider Name**		**R**				This segment names and give identifying information about the Billing party.	Translation
2010AA	NM101	Entity Identifier Code	ID3	R				Hard Code: 85 (Billing Provider)	Processing Logic
2010AA	NM102	Entity Type Qualifier	ID1	R				Hard Code: 2 (Non-person entity)	Processing Logic

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2010AA	NM103	Billing Provider Last or Organizational Name	AN35	R	RPS-FAO-REC	FAO-NAME	X(25)		
2010AA	NM108	Identification Code Qualifier	ID2	R				Hard Code: XX (HCFA-NPI?) or should this be 24 (Employer's Identification Number?	System Questions
2010AA	NM109	Billing Provider Identifier	AN80	R	RPS-FAO-REC	FAO-MED-PROVIDER-NO	9(06)	Could be Hard Coded, one specific for ESH and one for WSH.	System Questions
2010AA	**N 3**	**Billing Provider Address**		**R**				This segment gives the Billing Provider's address.	Translation
2010AA	N 301	Billing Provider Address Line	AN55	R	RPS-FAO-REC	FAO-ADDR1	X(24)	Could Hard Code: PO Box 9768 45862	System Questions
2010AA	N 302	Billing Provider Address Line	AN55	S	RPS-FAO-REC	FAO-ADDR2	X(24)	Will not use if hard coding Billing Provider information.	System Questions
2010AA	**N 4**	**Billing Provider City/State/ZIP Code**		**R**				This segment is used for identifying the Billing Provide City/State/Zip/Country	Translation
2010AA	N 401	Billing Provider City Name	AN30	R	RPS-FAO-REC	FAO-CITY	X(23)	Or can be hardcoded: Olympia	HIPAA Required
2010AA	N 402	Billing Provider State or Province Code	ID2	R	RPS-FAO-REC	FAO-STATE	X(02)	Or can be hardcoded: WA	Processing Logic
2010AA	N 403	Billing Provider Postal Zone or ZIP Code	ID15	R	RPS-FAO-REC	FAO-ZIP	X(12)	Or can be hardcoded: 98507	Processing Logic
2010AA	N 404	Country Code	ID3	S	RPS-FAO-REC	FAO-CNTRY	X(03)		Not Used
2010AA	**REF**	**Billing Provider Secondary Identification**		**S**				This segment is used when there are secondary identification numbers that will help identify the billing provider. We don't have secondary id numbers, so the subsequent data elements won't be used.	Translation

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2010AA	REF	Credit/Debit Card Billing Information		S				This segment would be used if Credit/Debit card billing is valid. This information shouldn't be sent to the payer, so we are not using it. Subsequent data elements are Not used.	Translation
2010AA	PER	Billing Provider Contact Information		S				This segment is used to portray who the payer can contact to discuss Billing questions. This is required because this contact is different from the EDI contact in Loop 1000A.	Translation
2010AA	PER01	Contact Function Code	ID2	R				Hard Code: IC (Information Contact)	Processing Logic
2010AA	PER02	Billing Provider Contact Name	AN60	R				Hard Code: Rita Vess	Processing Logic
2010AA	PER03	Communication Number Qualifier	ID2	R				Hard Code: EM (E-Mail)	HIPAA Required
2010AA	PER04	Communication Number	AN80	R				Hard Code: VessRJ@dshs.wa.gov	Processing Logic
2010AA	PER05	Communication Number Qualifier	ID2	S				Hard Code: TE (Telephone)	Processing Logic
2010AA	PER06	Communication Number	AN80	S				Hard Code: 3606645457	Processing Logic
2010AA	PER07	Communication Number Qualifier	ID2	S				Already supplied 2 methods of communication.	Not Used
2010AA	PER08	Communication Number	AN80	S				Already supplied 2 communication methods.	Not Used
2010AB	*NM1*	*Pay-To Provider Name*		*S*				The Finance Division bills for ESH and WSH. The billing is made in the name of the hospital, so the the Billing Provider is the same as the Pay-to provider. This situation renders this Loop "not required". All subsequent segments and elements are therefore not used.	Translation
2010AB	NM1	Pay-To Provider Name		S					Not Used

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2010AB	N 3	Pay-To Provider Address		R					Not Used
2010AB	N 4	Pay-To Provider City/State/ZIP Code		R					Not Used
2010AB	REF	Pay-To Provider Secondary Identification		S					Not Used
2000B	*HL*	*Subscriber Hierarchical Level*		*R*				Contains information about the person who is listed as the subscriber/insured for teh destination payer.	Translation
2000B	HL	Subscriber Hierarchical Level		R				Describes hierarchical structure of the segment.	Translation
2000B	HL 01	Hierarchical ID Number	AN12	R				System assigned.	Processing Logic
2000B	HL 02	Hierarchical Parent ID Number	AN12	S				System assigned.	Processing Logic
2000B	HL 03	Hierarchical Level Code	ID2	R				Hard Code: 22 (Subscriber)	Processing Logic
2000B	HL 04	Hierarchical Child Code	ID1	R				Choice: 1 = Additional Subordinage HL Data Segment in this Hierarchiacal Structure. 0 = None.	Processing Logic
2000B	SBR	Subscriber Information		R				This segment identifies the insured person.	Translation
2000B	SBR01	Payer Responsibility Sequence Number Code	ID1	R				Code choices: P=Primary; S=Secondary; T=Tertiary (payer of last resort)	Processing Logic
2000B	SBR02	Individual Relationship Code	ID2	S	RPS-INS-REC	INS-RELATION	X(02)	There is a legacy connection, however, HIPAA coding identifies this as something that if the subscriber is the patient, it should be hardcoded: 18 (self), or left blank.	System Questions
2000B	SBR03	Insured Group or Policy Number	AN30	S	RPS-INS-REC	INS-GRP-NUM	X(10)		
2000B	SBR04	Insured Group Name	AN60	S	RPS-INS-REC	INS-CO-NAME	X(40)		

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2000B	SBR09	Claim Filing Indicator Code	ID2	S				What is PlanID? Comments say that this is Required pior to mandated use of PlanID. Not used after PlanID is mandated. Ask Francine.	HIPAA Questions
2000B	**PAT**	**Patient Information**		**S**				This segment is used to identify the patient. This segment is not needed if the patient is also the subscriber.	Translation
2010BA	*NM1*	*Subscriber Name*		*R*				This loop identifies the subcribers identity and address.	Translation
2010BA	**NM1**	**Subscriber Name**		**R**				This is the Name of Subscriber Segment.	Translation
2010BA	NM101	Entity Identifier Code	ID3	R				Hard Code: IL (Insured or Subscriber)	Processing Logic
2010BA	NM102	Entity Type Qualifier	ID1	R				Hard code: 1 = person, 2 = Non-person	Processing Logic
2010BA	NM103	Subscriber Last Name	AN35	R	RPS-INS-REC	INS-SUBSCRIB-NAME	X(40)		
2010BA	NM104	Subscriber First Name	AN25	S	RPS-INS-REC	INS-SUBSCRIB-NAME	X(40)		
2010BA	NM105	Subscriber Middle Name	AN25	S	RPS-INS-REC	INS-SUBSCRIB-NAME	X(40)		
2010BA	NM107	Subscriber Name Suffix	AN10	S	RPS-INS-REC	INS-SUBSCRIB-NAME	X(40)		
2010BA	NM108	Identification Code Qualifier	ID2	S				Required when the insured is a person. Coding choice: MI=Member ID Number; ZZ=Mutually defined.	Processing Logic
2010BA	NM109	Subscriber Primary Identifier	AN80	S	RPS-INS-REC	INS-INSD-ID	X(20)	Required when the insured is a person. For medicare claims use the HIC #, others use the Insd element.	Processing Logic
2010BA	NM109	Subscriber Primary Identifier	AN80	S	RPS-MED-REC	MED-HIC-BASE	9(09)	Required when the insured is a person. For medicare claims use the HIC #, others use the Insd element.	Processing Logic
2010BA	NM109	Subscriber Primary Identifier	AN80	S	RPS-MED-REC	MED-HIC-SUFFIX	X(03)	Required when the insured is a person. For medicare claims use the HIC #, others use the Insd element.	Processing Logic

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2010BA	**N 3**	**Subscriber Address**		S				Identifies the Subscriber Address. Use when patient is also the subscriber.	Translation
2010BA	N 301	Subscriber Address Line	AN55	R	RPS-INS-REC	INS-SUB-ADDR1	X(24)		
2010BA	N 302	Subscriber Address Line	AN55	S	RPS-INS-REC	INS-SUB-ADDR2	X(24)		
2010BA	**N 4**	**Subscriber City/State/ZIP Code**		S				Identifies the City/State/Zip Segment contents.	Translation
2010BA	N 401	Subscriber City Name	AN30	R	RPS-INS-REC	INS-SUB-CITY	X(23)		
2010BA	N 402	Subscriber State Code	ID2	R	RPS-INS-REC	INS-SUB-STATE	X(02)		
2010BA	N 403	Subscriber Postal Zone or ZIP Code	ID15	R	RPS-INS-REC	INS-SUB-ZIP	X(12)		
2010BA	N 404	Country Code	ID3	S	RPS-INS-REC	INS-SUB-CNTRY	X(03)		
2010BA	**DMG**	**Subscriber Demographic Information**		S				Required when patient is also the subscriber.	Translation
2010BA	DMG01	Date Time Period Format Qualifier	ID3	R				Hard Code: D8	Processing Logic
2010BA	DMG02	Subscriber Birth Date	AN35	R	RPS-INS-REC	INS-DOB	9(08)	Express in CCYYMMDD	Processing Logic
2010BA	DMG03	Subscriber Gender Code	ID1	R	RPS-INS-REC	INS-INSD-GEN	X(01)		
2010BA	**REF**	**Subscriber Secondary Identification**		S				If the subscriber has another id with the same insurance company that is listed in the NM109 data element.	Translation
2010BA	REF01	Reference Identification Qualifier	ID3	R				See codes on pages IG117-118	Processing Logic
2010BA	REF02	Subscriber Supplemental Identifier	AN30	R				Data should come from hospitals	Missing Legacy Data
2010BA	**REF**	**Property and Casualty Claim Number**		S				Addendum states that this segment is not HIPAA REQUIRED so we will not be using it.	Policy Issues

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2010BB	*NM1*	*Credit/Debit Card Account Holder Name*		*S*				This loop would contain data that specific to credit/debit cards if we were going to use them. We will not.	Translation
2010BB	NM1	Credit/Debit Card Account Holder Name		S					Not Used
2010BB	REF	Credit/Debit Card Information		S					Not Used
2010BC	*NM1*	*Payer Name*		*R*				Ths loop provides information about the Primary payer.	Translation
2010BC	NM1	Payer Name		R				This segment is for the payer name	Translation
2010BC	NM101	Entity Identifier Code	ID3	R				Hard code: PR=Payer.	Processing Logic
2010BC	NM102	Entity Type Qualifier	ID1	R				Hard Code: 2 = Non-person entity	Processing Logic
2010BC	NM103	Payer Name	AN35	R	RPS-INS-REC	INS-CO-NAME	X(40)		
2010BC	NM108	Identification Code Qualifier	ID2	R				Coding choice: PI= Payer ID; XV= HCFA NPI	Processing Logic
2010BC	NM109	Payer Identifier	AN80	R	RPS-INS-REC	INS-CCC	X(03)	Was told this came from the CCC codes. We will need to get these up to date. Partner agreements?	Processing Logic
2010BC	N 3	Payer Address		S				This is a question that will need to be addressed when we research payers and their edi addresses. This segment is required if the next EDI location (specifically a clearing house) will need to print the claim on paper. Ask Francine for advise on handling this.	System Questions
2010BC	N 301	Payer Address Line	AN55	R	RPS-INS-REC	INS-CO-ADDR1	X(24)		
2010BC	N 302	Payer Address Line	AN55	S	RPS-INS-REC	INS-CO-ADDR2	X(24)		

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2010BC	N 4	Payer City/State/ZIP Code		S				This is a question that will need to be addressed when we research payers and their edi addresses. This segment is required if the next EDI location (specifically a clearing house) will need to print the claim on paper. Ask Francine for advise.	System Questions
2010BC	N 401	Payer City Name	AN30	R	RPS-INS-REC	INS-CO-CITY	X(23)		
2010BC	N 402	Payer State Code	ID2	R	RPS-INS-REC	INS-CO-STATE	X(02)		
2010BC	N 403	Payer Postal Zone or ZIP Code	ID15	R	RPS-INS-REC	INS-CO-ZIP	X(12)		
2010BC	REF	Payer Secondary Identification		S				Use if there's an additional payer ID. This should be determined when we find out the primary ID. If not needed, we can eliminate the need for this segment.	Translation
2010BC	REF01	Reference Identification Qualifier	ID3	R				See codes on pages IG 132-133	Processing Logic
2010BD	*NM1*	*Responsible Party Name*		*S*				This is to report the person (not the patient/subscriber) who has financial responsiblity for the bill. This loop is used when there is no authorized rep and the hospital has neither the responsible party's signature nor the patient's signature on file.	Translation
2010BD	NM1	Responsible Party Name		S				Denise and Rita says that we sometimes use this when a US Marshall is involved.	Translation
2010BD	NM101	Entity Identifier Code	ID3	R				When used, hard code: QD = Responsible Party	Processing Logic
2010BD	NM102	Entity Type Qualifier	ID1	R				No legacy connection. When used, Coding choice: 1=person; 2=Non-person	Processing Logic

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2010BD	NM103	Responsible Party Last or Organization Name	AN35	R	RPS-INS-REC	INS-CO-NAME	X(40)	Nick says the data element is dependent on the liability determination and could come from either of these RPS Records: RPS-INS-REC (Insurance); RPS-MED-REC (medicare); RPS-T19-REC (Medicaid); RPS-PRI-REC (Private Pay)	Processing Logic
2010BD	NM103	Responsible Party Last or Organization Name	AN35	R	RPS-MED-REC	MED-NAME	X(40)	Nick says the data element is dependent on the liability determination and could come from either of these RPS Records: RPS-INS-REC (Insurance); RPS-MED-REC (medicare); RPS-T19-REC (Medicaid); RPS-PRI-REC (Private Pay)	Processing Logic
2010BD	NM103	Responsible Party Last or Organization Name	AN35	R	RPS-PRI-REC	PRI-BILL-NAME	X(40)	Nick says the data element is dependent on the liability determination and could come from either of these RPS Records: RPS-INS-REC (Insurance); RPS-MED-REC (medicare); RPS-T19-REC (Medicaid); RPS-PRI-REC (Private Pay)	Processing Logic
2010BD	NM103	Responsible Party Last or Organization Name	AN35	R	RPS-T19-REC	T19-BILL-NAME	X(40)	Nick says the data element is dependent on the liability determination and could come from either of these RPS Records: RPS-INS-REC (Insurance); RPS-MED-REC (medicare); RPS-T19-REC (Medicaid); RPS-PRI-REC (Private Pay)	Processing Logic
2010BD	NM104	Responsible Party First Name	AN25	S	RPS-INS-REC	INS-CO-NAME	X(40)	Nick says the data element is dependent on the liability determination and could come from either of these RPS Records: RPS-INS-REC (Insurance); RPS-MED-REC (medicare); RPS-T19-REC (Medicaid); RPS-PRI-REC (Private Pay)	Processing Logic

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2010BD	NM104	Responsible Party First Name	AN25	S	RPS-MED-REC	MED-NAME	X(40)	Nick says the data element is dependent on the liability determination and could come from either of these RPS Records: RPS-INS-REC (Insurance); RPS-MED-REC (medicare); RPS-T19-REC (Medicaid); RPS-PRI-REC (Private Pay)	Processing Logic
2010BD	NM104	Responsible Party First Name	AN25	S	RPS-PRI-REC	PRI-BILL-NAME	X(40)	Nick says the data element is dependent on the liability determination and could come from either of these RPS Records: RPS-INS-REC (Insurance); RPS-MED-REC (medicare); RPS-T19-REC (Medicaid); RPS-PRI-REC (Private Pay)	Processing Logic
2010BD	NM104	Responsible Party First Name	AN25	S	RPS-T19-REC	T19-BILL-NAME	X(40)	Nick says the data element is dependent on the liability determination and could come from either of these RPS Records: RPS-INS-REC (Insurance); RPS-MED-REC (medicare); RPS-T19-REC (Medicaid); RPS-PRI-REC (Private Pay)	Processing Logic
2010BD	NM105	Responsible Party Middle Name	AN25	S	RPS-INS-REC	INS-CO-NAME	X(40)	Nick says the data element is dependent on the liability determination and could come from either of these RPS Records: RPS-INS-REC (Insurance); RPS-MED-REC (medicare); RPS-T19-REC (Medicaid); RPS-PRI-REC (Private Pay)	Processing Logic
2010BD	NM105	Responsible Party Middle Name	AN25	S	RPS-MED-REC	MED-NAME	X(40)	Nick says the data element is dependent on the liability determination and could come from either of these RPS Records: RPS-INS-REC (Insurance); RPS-MED-REC (medicare); RPS-T19-REC (Medicaid); RPS-PRI-REC (Private Pay)	Processing Logic

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2010BD	NM105	Responsible Party Middle Name	AN25	S	RPS-PRI-REC	PRI-BILL-NAME	X(40)	Nick says the data element is dependent on the liability determination and could come from either of these RPS Records: RPS-INS-REC (Insurance); RPS-MED-REC (medicare); RPS-T19-REC (Medicaid); RPS-PRI-REC (Private Pay)	Processing Logic
2010BD	NM105	Responsible Party Middle Name	AN25	S	RPS-T19-REC	T19-BILL-NAME	X(40)	Nick says the data element is dependent on the liability determination and could come from either of these RPS Records: RPS-INS-REC (Insurance); RPS-MED-REC (medicare); RPS-T19-REC (Medicaid); RPS-PRI-REC (Private Pay)	Processing Logic
2010BD	NM107	Responsible Party Suffix Name	AN10	S	RPS-INS-REC	INS-CO-NAME	X(40)	Nick says the data element is dependent on the liability determination and could come from either of these RPS Records: RPS-INS-REC (Insurance); RPS-MED-REC (medicare); RPS-T19-REC (Medicaid); RPS-PRI-REC (Private Pay)	Processing Logic
2010BD	NM107	Responsible Party Suffix Name	AN10	S	RPS-MED-REC	MED-NAME	X(40)	Nick says the data element is dependent on the liability determination and could come from either of these RPS Records: RPS-INS-REC (Insurance); RPS-MED-REC (medicare); RPS-T19-REC (Medicaid); RPS-PRI-REC (Private Pay)	Processing Logic
2010BD	NM107	Responsible Party Suffix Name	AN10	S	RPS-PRI-REC	PRI-BILL-NAME	X(40)	Nick says the data element is dependent on the liability determination and could come from either of these RPS Records: RPS-INS-REC (Insurance); RPS-MED-REC (medicare); RPS-T19-REC (Medicaid); RPS-PRI-REC (Private Pay)	Processing Logic

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2010BD	NM107	Responsible Party Suffix Name	AN10	S	RPS-T19-REC	T19-BILL-NAME	X(40)	Nick says the data element is dependent on the liability determination and could come from either of these RPS Records: RPS-INS-REC (Insurance); RPS-MED-REC (medicare); RPS-T19-REC (Medicaid); RPS-PRI-REC (Private Pay)	Processing Logic
2010BD	**N 3**	**Responsible Party Address**		**R**				This is the Address of the Responsible party	Translation
2010BD	N 301	Responsible Party Address Line	AN55	R	RPS-INS-REC	INS-CO-ADDR1	X(24)	Nick says the data element is dependent on the liability determination and could come from either of these RPS Records: RPS-INS-REC (Insurance); RPS-MED-REC (medicare); RPS-T19-REC (Medicaid); RPS-PRI-REC (Private Pay)	Processing Logic
2010BD	N 301	Responsible Party Address Line	AN55	R	RPS-MED-REC	MED-ADDR1	X(24)	Nick says the data element is dependent on the liability determination and could come from either of these RPS Records: RPS-INS-REC (Insurance); RPS-MED-REC (medicare); RPS-T19-REC (Medicaid); RPS-PRI-REC (Private Pay)	Processing Logic
2010BD	N 301	Responsible Party Address Line	AN55	R	RPS-PRI-REC	PRI-BILL-ADDR1	X(24)	Nick says the data element is dependent on the liability determination and could come from either of these RPS Records: RPS-INS-REC (Insurance); RPS-MED-REC (medicare); RPS-T19-REC (Medicaid); RPS-PRI-REC (Private Pay)	Processing Logic

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2010BD	N 301	Responsible Party Address Line	AN55	R	RPS-T19-REC	T19-BILL-ADDR1	X(24)	Nick says the data element is dependent on the liability determination and could come from either of these RPS Records: RPS-INS-REC (Insurance); RPS-MED-REC (medicare); RPS-T19-REC (Medicaid); RPS-PRI-REC (Private Pay)	Processing Logic
2010BD	N 302	Responsible Party Address Line	AN55	S	RPS-INS-REC	INS-CO-ADDR2	X(24)	Nick says the data element is dependent on the liability determination and could come from either of these RPS Records: RPS-INS-REC (Insurance); RPS-MED-REC (medicare); RPS-T19-REC (Medicaid); RPS-PRI-REC (Private Pay)	Processing Logic
2010BD	N 302	Responsible Party Address Line	AN55	S	RPS-MED-REC	MED-ADDR2	X(24)	Nick says the data element is dependent on the liability determination and could come from either of these RPS Records: RPS-INS-REC (Insurance); RPS-MED-REC (medicare); RPS-T19-REC (Medicaid); RPS-PRI-REC (Private Pay)	Processing Logic
2010BD	N 302	Responsible Party Address Line	AN55	S	RPS-PRI-REC	PRI-BILL-ADDR2	X(24)	Nick says the data element is dependent on the liability determination and could come from either of these RPS Records: RPS-INS-REC (Insurance); RPS-MED-REC (medicare); RPS-T19-REC (Medicaid); RPS-PRI-REC (Private Pay)	Processing Logic
2010BD	N 302	Responsible Party Address Line	AN55	S	RPS-T19-REC	T19-BILL-ADDR2	X(24)	Nick says the data element is dependent on the liability determination and could come from either of these RPS Records: RPS-INS-REC (Insurance); RPS-MED-REC (medicare); RPS-T19-REC (Medicaid); RPS-PRI-REC (Private Pay)	Processing Logic

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2010BD	**N 4**	**Responsible Party City/State/ZIP Code**		**R**				City/Stat/Zip/Country of the Responsible Party	Translation
2010BD	N 401	Responsible Party City Name	AN30	R	RPS-INS-REC	INS-CO-CITY	X(23)	Nick says the data element is dependent on the liability determination and could come from either of these RPS Records: RPS-INS-REC (Insurance); RPS-MED-REC (medicare); RPS-T19-REC (Medicaid); RPS-PRI-REC (Private Pay)	Processing Logic
2010BD	N 401	Responsible Party City Name	AN30	R	RPS-MED-REC	MED-CITY	X(23)	Nick says the data element is dependent on the liability determination and could come from either of these RPS Records: RPS-INS-REC (Insurance); RPS-MED-REC (medicare); RPS-T19-REC (Medicaid); RPS-PRI-REC (Private Pay)	Processing Logic
2010BD	N 401	Responsible Party City Name	AN30	R	RPS-PRI-REC	PRI-BILL-CITY	X(23)	Nick says the data element is dependent on the liability determination and could come from either of these RPS Records: RPS-INS-REC (Insurance); RPS-MED-REC (medicare); RPS-T19-REC (Medicaid); RPS-PRI-REC (Private Pay)	Processing Logic
2010BD	N 401	Responsible Party City Name	AN30	R	RPS-T19-REC	T19-BILL-CITY	X(23)	Nick says the data element is dependent on the liability determination and could come from either of these RPS Records: RPS-INS-REC (Insurance); RPS-MED-REC (medicare); RPS-T19-REC (Medicaid); RPS-PRI-REC (Private Pay)	Processing Logic

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2010BD	N 402	Responsible Party State Code	ID2	R	RPS-INS-REC	INS-CO-STATE	X(02)	Nick says the data element is dependent on the liability determination and could come from either of these RPS Records: RPS-INS-REC (Insurance); RPS-MED-REC (medicare); RPS-T19-REC (Medicaid); RPS-PRI-REC (Private Pay)	Processing Logic
2010BD	N 402	Responsible Party State Code	ID2	R	RPS-MED-REC	MED-STATE	X(02)	Nick says the data element is dependent on the liability determination and could come from either of these RPS Records: RPS-INS-REC (Insurance); RPS-MED-REC (medicare); RPS-T19-REC (Medicaid); RPS-PRI-REC (Private Pay)	Processing Logic
2010BD	N 402	Responsible Party State Code	ID2	R	RPS-PRI-REC	PRI-BILL-STATE	X(02)	Nick says the data element is dependent on the liability determination and could come from either of these RPS Records: RPS-INS-REC (Insurance); RPS-MED-REC (medicare); RPS-T19-REC (Medicaid); RPS-PRI-REC (Private Pay)	Processing Logic
2010BD	N 402	Responsible Party State Code	ID2	R	RPS-T19-REC	T19-BILL-STATE	X(02)	Nick says the data element is dependent on the liability determination and could come from either of these RPS Records: RPS-INS-REC (Insurance); RPS-MED-REC (medicare); RPS-T19-REC (Medicaid); RPS-PRI-REC (Private Pay)	Processing Logic
2010BD	N 403	Responsible Party Postal Zone or ZIP Code	ID15	R	RPS-INS-REC	INS-CO-ZIP	X(12)	Nick says the data element is dependent on the liability determination and could come from either of these RPS Records: RPS-INS-REC (Insurance); RPS-MED-REC (medicare); RPS-T19-REC (Medicaid); RPS-PRI-REC (Private Pay)	Processing Logic

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2010BD	N 403	Responsible Party Postal Zone or ZIP Code	ID15	R	RPS-MED-REC	MED-ZIP	X(12)	Nick says the data element is dependent on the liability determination and could come from either of these RPS Records: RPS-INS-REC (Insurance); RPS-MED-REC (medicare); RPS-T19-REC (Medicaid); RPS-PRI-REC (Private Pay)	Processing Logic
2010BD	N 403	Responsible Party Postal Zone or ZIP Code	ID15	R	RPS-PRI-REC	PRI-BILL-ZIP	X(12)	Nick says the data element is dependent on the liability determination and could come from either of these RPS Records: RPS-INS-REC (Insurance); RPS-MED-REC (medicare); RPS-T19-REC (Medicaid); RPS-PRI-REC (Private Pay)	Processing Logic
2010BD	N 403	Responsible Party Postal Zone or ZIP Code	ID15	R	RPS-T19-REC	T19-BILL-ZIP	X(12)	Nick says the data element is dependent on the liability determination and could come from either of these RPS Records: RPS-INS-REC (Insurance); RPS-MED-REC (medicare); RPS-T19-REC (Medicaid); RPS-PRI-REC (Private Pay)	Processing Logic
2010BD	N 404	Country Code	ID3	S	RPS-INS-REC	INS-CO-CNTRY	X(03)	Nick says the data element is dependent on the liability determination and could come from either of these RPS Records: RPS-INS-REC (Insurance); RPS-MED-REC (medicare); RPS-T19-REC (Medicaid); RPS-PRI-REC (Private Pay)	Processing Logic
2010BD	N 404	Country Code	ID3	S	RPS-MED-REC	MED-CNTRY	X(03)	Nick says the data element is dependent on the liability determination and could come from either of these RPS Records: RPS-INS-REC (Insurance); RPS-MED-REC (medicare); RPS-T19-REC (Medicaid); RPS-PRI-REC (Private Pay)	Processing Logic

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2010BD	N 404	Country Code	ID3	S	RPS-PRI-REC	PRI-BILL-CNTRY	X(03)	Nick says the data element is dependent on the liability determination and could come from either of these RPS Records: RPS-INS-REC (Insurance); RPS-MED-REC (medicare); RPS-T19-REC (Medicaid); RPS-PRI-REC (Private Pay)	Processing Logic
2010BD	N 404	Country Code	ID3	S	RPS-T19-REC	T19-BILL-CNTRY	X(03)	Nick says the data element is dependent on the liability determination and could come from either of these RPS Records: RPS-INS-REC (Insurance); RPS-MED-REC (medicare); RPS-T19-REC (Medicaid); RPS-PRI-REC (Private Pay)	Processing Logic
2000C	*HL*	*Patient Hierarchical Level*		*S*				This loop is used to identify the patient. Use this loop only when the patient is not the insured person.	Translation
2000C	**HL**	**Patient Hierarchical Level**		**S**				To identify dependencies among and the content of hierarchically related groups of data segments. Use only when patient is NOT the subscriber.	Translation
2000C	HL 01	Hierarchical ID Number	AN12	R				Use only when patient is NOT the subscriber. System assigned.	Processing Logic
2000C	HL 02	Hierarchical Parent ID Number	AN12	S				Use only when patient is NOT the subscriber. System assigned.	Processing Logic
2000C	HL 03	Hierarchical Level Code	ID2	R				Use only when patient is NOT the subscriber. Hard Code: 23 = Dependent	Processing Logic
2000C	HL 04	Hierarchical Child Code	ID1	R				Use only when patient is NOT the subscriber. Code choice: 0 = No Subordinate HL Segment in this Hierchical Structure; 1= 1	Processing Logic
2000C	**PAT**	**Patient Information**		**R**				Conveys the patients relationship to the insured person.	Translation

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2000C	PAT01	Individual Relationship Code	ID2	R	RPS-INS-REC	INS-RELATION	X(02)		
2010CA	*NM1*	*Patient Name*		*R*				Patient information	Translation
2010CA	**NM1**	**Patient Name**		**R**				Patient Name Segment	Translation
2010CA	NM101	Entity Identifier Code	ID3	R				Hard Code; QC=patient	Processing Logic
2010CA	NM102	Entity Type Qualifier	ID1	R				Hard Code: 1=Person	Processing Logic
2010CA	NM103	Patient Last Name	AN35	R	RPS-PAT-REC	PAT-ACCT-NAME	X(40)		
2010CA	NM104	Patient First Name	AN25	R	RPS-PAT-REC	PAT-ACCT-NAME	X(40)		
2010CA	NM105	Patient Middle Name	AN25	S	RPS-PAT-REC	PAT-ACCT-NAME	X(40)		
2010CA	NM107	Patient Name Suffix	AN10	S	RPS-PAT-REC	PAT-ACCT-NAME	X(40)		
2010CA	NM108	Identification Code Qualifier	ID2	S				Use when the patient is NOT the subscriber. MI = Member ID; ZZ = Mutually defined.	Processing Logic
2010CA	NM109	Patient Primary Identifier	AN80	S	RPS-PAT-REC	PAT-ACCT	9(06)		
2010CA	**N 3**	**Patient Address**		**R**				Address of Patient information	Translation
2010CA	N 301	Patient Address Line	AN55	R	RPS-FAO-REC	FAO-ADDR1	X(24)		
2010CA	N 302	Patient Address Line	AN55	S	RPS-FAO-REC	FAO-ADDR2	X(24)		
2010CA	**N 4**	**Patient City/State/ZIP Code**		**R**				Patient City/State/Zip	Translation
2010CA	N 401	Patient City Name	AN30	R	RPS-FAO-REC	FAO-CITY	X(23)		
2010CA	N 402	Patient State Code	ID2	R	RPS-FAO-REC	FAO-STATE	X(02)		
2010CA	N 403	Patient Postal Zone or ZIP Code	ID15	R	RPS-FAO-REC	FAO-ZIP	X(12)		
2010CA	N 404	Country Code	ID3	S	RPS-FAO-REC	FAO-CNTRY	X(03)		
2010CA	**DMG**	**Patient Demographic Information**		**R**				patient personal data.	Translation

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2010CA	DMG01	Date Time Period Format Qualifier	ID3	R				Hard Code: D8	Processing Logic
2010CA	DMG02	Patient Birth Date	AN35	R	RPS-PAT-REC	PAT-DOB-DATE	9(08)	Expressed in CCYYMMDD format.	Processing Logic
2010CA	DMG03	Patient Gender Code	ID1	R	RPS-PAT-REC	PAT-GEN	X(01)		
2010CA	**REF**	**Patient Secondary Identification Number**		**S**				Used to Convey when additional patient information is needed to process claim with this payer	Translation
2010CA	REF01	Reference Identification Qualifier	ID3	R				Code choices: Refer to Implementation Guide.	Processing Logic
2010CA	REF02	Patient Secondary Identifier	AN30	R				If this is necessary, we're going to have to create a database element somewhere because there isn't one currently.	Missing Legacy Data
2010CA	**REF**	**Property and Casualty Claim Number**		**S**				Addendum says NOT REQUIRED FOR HIPAA. We don't file claims on property or casualty anyway, so we are not using.	Translation
2300	*CLM*	*Claim information*		*R*				This is the loop where all the services and charges are reported.	Translation
2300	**CLM**	**Claim information**		**R**				High-level details about the claim.	Translation
2300	CLM01	Patient Account Number	AN38	R	RPS-PAT-REC	PAT-ACCT	9(06)		
2300	CLM02	Total Claim Charge Amount	R18	R				Nick gave me line claim amount (current process is to send one service line per claim; this way the line amount=total claim amount). We need to add a TOTAL claim amount that will tally all the line claim amounts.)	Missing Legacy Data
2300	CLM05	Health Care Service Location Information		R				This is a composite data element that conveys the Service location.	Translation
2300	CLM05	Facility Type Code	AN2	R	RPS-FAO-REC	FAO-TYPE	X(03)	Hard code 51 (if this is proven to be constant), or use the RPS Data Element)	System Questions

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	CLM05	Facility Code Qualifier	ID2	R				Hard Code A (Uniform Billing Claim Form Bill Type)	Processing Logic
2300	CLM05	Claim Frequency Code	ID1	R				1st billing, second billing, etc. (this is the assumption we've made about what this is.) Ask Francine	HIPAA Questions
2300	CLM06	Provider or Supplier Signature Indicator	ID1	R				Check to see if this is sent by MH. If not, it should be.	Missing Legacy Data
2300	CLM07	Medicare Assignment Code	ID1	S				Denise says that if it's a Medicare claim, it is always assigned. We'll need logic (If Payer=Medicare, then hard code A, else C).	Processing Logic
2300	CLM08	Benefits Assignment Certification Indicator	ID1	R				No legacy connection. Code Choices: N=No, Y=Yes. Should come from MH?	Missing Legacy Data
2300	CLM09	Release of Information Code	ID1	R				Denise says this is in RPS, but no element was found. Check the VB side.	Missing Legacy Data
2300	CLM11	Related Causes Information		S				This was a composite data element and was required. Addendum changed usage to "Not Used".	Translation
2300	CLM18	Explanation of Benefits Indicator	ID1	R				Where are we going to get this? MH, or through FREO investigation?	Missing Legacy Data
2300	CLM20	Delay Reason Code	ID2	S				Used when claim is submitted late (past contracted date of filing limitations)or any of the other delay codes apply. (Codes are on IG 164)	Missing Legacy Data
2300	**DTP**	**Discharge Hour**		**S**				Segment is required on all Final Inpatient claims/encounters. All of our clients are inpatient except PALS.	Translation
2300	DTP01	Date Time Qualifier	ID3	R				Hard Code: 096= Discharge. Segment is required on all Final Inpatient claims/encounters. All of our clients are inpatient except PALS.	Processing Logic

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	DTP02	Date Time Period Format Qualifier	ID3	R				No legacy connection. Hard Code: TM=Time. Segment is required on all Final Inpatient claims/encounters. All of our clients are inpatient except PALS.	Processing Logic
2300	DTP03	Discharge Hour	AN35	R	RPS-ADM-REC	ADM-DISCHG-TIME	9(04)	Express in HHMM format. Segment is required on all Final Inpatient claims/encounters. All of our clients are inpatient except PALS.	Processing Logic
2300	**DTP**	**Statement Dates**		**R**				Billing period information.	Translation
2300	DTP01	Date Time Qualifier	ID3	R				Hard code: 434 (Statement)	Processing Logic
2300	DTP02	Date Time Period Format Qualifier	ID3	R				Code choices: D8=CCYYMMDD R8=CCYYMMDD-CCYYMMDD If we use the same format always, this could be hard-coded.	Processing Logic
2300	DTP03	Statement From or To Date	AN35	R				These are hardcoded in the HCFA process. Good idea to continue that practice.	Missing Legacy Data
2300	**DTP**	**Admission Date/Hour**		**S**				Details about admission date/time.	Translation
2300	DTP01	Date Time Qualifier	ID3	R				Hard Code: 435 (Admission). Required on all Inpatient Claims.	Processing Logic
2300	DTP02	Date Time Period Format Qualifier	ID3	R				Hard code: DT (CCYYMMDDHHMM) Required on all Inpatient Claims.	Processing Logic
2300	DTP03	Admission Date and Hour	AN35	R	RPS-ADM-REC	ADM-ADM-DATE	9(08)	Must be in CCYYMMDDHHMM format. Required on all Inpatient Claims.	Processing Logic
2300	DTP03	Admission Date and Hour	AN35	R	RPS-ADM-REC	ADM-ADM-TIME	9(04)	Must be in CCYYMMDDHHMM format. Required on all Inpatient Claims.	Processing Logic

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	CL1	Institutional Claim Code		S				This is used when reporting hospital-based admission and medicare outpatient registrations on claims/encounters. Denise says that when our patients are admitted to a hospital for medical services, the MH hospital "discharges" the patient then readmits them after services are done. We won't use this segment.	Translation
2300	PWK	Claim Supplemental Information		S				There is used when there is paperwork to support the claim. Note: there is an option for the paperwork to be available upon request, but at the hospital. (This would save on the faxing, mailing, etc. that the hospital does currently when required).	Translation
2300	PWK01	Attachment Report Type Code	ID2	R				To be used when paperwork is necessary to support claim processing. See codes on page IG174.	System Questions
2300	PWK02	Attachment Transmission Code	ID2	R				Use when paperwork is needed to support claim processing. See codes on page IG174-175.	System Questions
2300	PWK05	Identification Code Qualifier	ID2	S				Use when PKW02 is not equal to AA. Hard code AC (Attachment control Number).	System Questions
2300	PWK06	Attachment Control Number	AN80	S				Use if PWK02=BM, EL, EM, or FX. (System assigned or assigned by sender...sending is done manually).	System Questions
2300	PWK07	Attachment Description	AN80	S				Use when additional information about the paperwork is needed. Who will provide this info?	System Questions
2300	CN1	Contract Information		S				Used when provider is contractually oblicated to provide contract info on this claim. Steve Pense still needs to get back to us on this.	Translation

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	CN101	Contract Type Code	ID2	R				Code choices are on IG176. Used when provider is contractually oblicated to provide contract info on this claim. Steve Pense still needs to get back to us on this.	Processing Logic
2300	CN102	Contract Amount	R18	S				Used when provider is contractually oblicated to provide contract info on this claim. Steve Pense still needs to get back to us on this.	Missing Legacy Data
2300	CN103	Contract Percentage	R6	S				Used when provider is contractually oblicated to provide contract info on this claim. Steve Pense still needs to get back to us on this.	Missing Legacy Data
2300	CN104	Contract Code	AN30	S				Used when provider is contractually oblicated to provide contract info on this claim. Steve Pense still needs to get back to us on this.	Missing Legacy Data
2300	CN105	Terms Discount Percentage	R6	S				Used when provider is contractually oblicated to provide contract info on this claim. Steve Pense still needs to get back to us on this.	Missing Legacy Data
2300	CN106	Contract Version Identifier	AN30	S				Used when provider is contractually oblicated to provide contract info on this claim. Steve Pense still needs to get back to us on this.	Missing Legacy Data
2300	**AMT**	**Payer Estimated Amount Due**		**S**				When payer estimated amount due is applicable to this claim. What's the difference between Payer Estimated Amount Due and Capitated Estimate? Denise says this is currently hand done.	Translation
2300	AMT01	Amount Qualifier Code	ID3	R				Hard code: C5 (Claim amount due - estimate). Use when payer estimated amount due is applicable to this claim.	Processing Logic

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	AMT02	Estimated Claim Due Amount	R18	R				Use when payer estimated amount due is applicable to this claim.	Missing Legacy Data
2300	**AMT**	**Patient Estimated Amount Due**		**S**				When patient Responsibility Estimated amount is applicable to this claim.	Translation
2300	AMT01	Amount Qualifier Code	ID3	R				Hard code: F3 (Patient Responsibility - Estimated). When patient Responsibility Estimated amount is applicable to this claim.	Processing Logic
2300	AMT02	Patient Responsibility Amount	R18	R				Denise says this is in RPS but there was no field found. Check further. When patient Responsibility Estimated amount is applicable to this claim.	Missing Legacy Data
2300	**AMT**	**Patient Paid Amount**		**S**				When Patient paid amount is applicable to this claim. Denise says this doesn't apply to us. We won't use this segment at all.	Translation
2300	**AMT**	**Credit/Debit Card Maximum Amount**		**S**				This is for Credit/Debit card payment. We are not using this segment.	Translation
2300	**REF**	**Adjusted Repriced Claim Number**		**S**				Required when repricers need to attach their own claim id# to a previously adjusted(resubmitted) claim they are processing. Sonja B said we use repricers. Find out more. WHere would this info come from???? See comments from Sonja B to Kindra on 5-9-2002. Pending MH answer.	Translation

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	REF01	Reference Identification Qualifier	ID3	R				Hard code: 9C=Adjusted repriced claim reference number. Required when repricers need to attach their own claim id# to a previously adjusted(resubmitted) claim they are processing. Sonja B said we use repricers. Find out more.	Processing Logic
2300	REF02	Adjusted Repriced Claim Reference Number	AN30	R				No legacy connection.Required when repricers need to attach their own claim id# to a previously adjusted(resubmitted) claim they are processing. Sonja B said we use repricers. Find out more. WHere would this info come from????	Missing Legacy Data
2300	**REF**	**Repriced Claim Number**		**S**				Required when repricers need to attach their own claim id# to a previously adjusted(resubmitted) claim they are processing. Sonja B said we use repricers. Find out more. WHere would this info come from???? See comments from Sonja B to Kindra on 5-9-2002. Pending MH answer.	Translation
2300	REF01	Reference Identification Qualifier	ID3	R				Hard Code: 9A (repriced Claim Reference Number). Required when repricers need to attach their own claim id# to a previously adjusted(resubmitted) claim they are processing. Sonja B said we use repricers. Find out more.	Processing Logic
2300	REF02	Repriced Claim Reference Number	AN30	R				Required when repricers need to attach their own claim id# to a previously adjusted(resubmitted) claim they are processing. Sonja B said we use repricers. Find out more.	Missing Legacy Data

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	REF	**Claim Identification Number For Clearinghouses and Other Transmission ? Intermediaries**		S				Used only by transmission intermediaries. This doesn't apply to us. We won't be using this segment.	Translation
2300	REF	**Document Identification Code**		S				Used to convey submittal of HCFA485-486 data or HCFA 486 only. (HCFA485 = Home Health Care Certification & Plan of Care) This doesn't apply to us. We will not use this segment.	Translation
2300	REF	**Document Identification Code**		S				Used to convey submittal of HCFA485-486 data or HCFA 486 only. (HCFA485 = Home Health Care Certification & Plan of Care) This doesn't apply to us. We will not use this segment.	Translation
2300	REF	**Original Reference Number (ICN/DCN)**		S				Used to convey control Number assigned to the original bill by the payer to identify a unique claim. This should would be from an 835.	Translation
2300	REF01	Reference Identification Qualifier	ID3	R				F8=Original Reference number) Used to convey control # assigned to the original bill by the payer to identify unique claim. (From 835?)	Processing Logic
2300	REF02	Claim Original Reference Number	AN30	R				Used to convey control # assigned to the original bill by the payer to identify unique claim. (From 835?)	Missing Legacy Data
2300	REF	**Investigational Device Exemption Number**		S				Required on claims involving FDA assigned investigional device exemption (IDE) numbers. THis does not apply to our business. We will not use this segment.	Translation

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	**REF**	**Service Authorization Exception Code**		**S**				Used on claims where providers are required by state law to obtain authorization for specific services but performed the service without obtaining the service authorization. THis doesn't apply to us. We won't be using this segment.	Translation
2300	**REF**	**Peer Review Organization (PRO) Approval Number**		**S**				When external Peer Review Organization assigns an approval # to services deemed medically necessary by that organization. Steve Pense (WSH) says, yes, we use this.	Translation
2300	REF01	Reference Identification Qualifier	ID3	R				Hard Code: G4 (PRO Approval number). When external Peer Review Organization assigns an approval # to services deemed medically necessary by that organization.	Processing Logic
2300	REF02	Peer Review Authorization Number	AN30	R				When external PRO assigns an approval # to services deemed medically necessary by that organization.	Missing Legacy Data
2300	**REF**	**Prior Authorization or Referral Number**		**S**				Use where services on this claim were preauthorized or where referral is involved.	Translation
2300	REF01	Reference Identification Qualifier	ID3	R				Code choices: 9F=Referal number; G1=Prior Authorization #. Use where services on this claim were preauthorized or where referral is involved.	Processing Logic
2300	REF02	Prior Authorization Number	AN30	R				Use where services on this claim were preauthorized or where referral is involved. Where do we get this info?	Missing Legacy Data

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	REF	Medical Record Number		S				Used when provider will utilize this info in the 276 inquiry or 277 response transactions.	Translation
2300	REF01	Reference Identification Qualifier	ID3	R				Hard code: EA(Medical REcord ID Number). Used when provider will utilize this info in the 276 inquiry or 277 response transactions.	System Questions
2300	REF02	Medical Record Number	AN30	R				Used when provider will utilize this info in the 276 inquiry or 277 response transactions. Where do we get this information?	System Questions
2300	REF	Demonstration Project Identifier		S				Required on claims/encounters where a demonstration project is being billed/reported. This doesn't apply to FD. We will not be using this segment.	Translation
2300	K 3	File Information		S				Unused segment.	Translation
2300	NTE	Claim Note		S				Used when provider deems it necessary to transmit invormation not otherwise supported in this implementation. We won't use this segment.	Translation
2300	NTE	Billing Note		S				Used to convey additional information necessary to adjudicate the claim. We will not be using this segment.	Translation
2300	CR6	Home Health Care Information		S				Use this segment for Home Health claims when applicable. The State hospitals don't use Home Health services. We will not use this segment.	Translation

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	CRC	Home Health Functional Limitations		S				This segment is required to convey Home Health Plan of Treatment information when application. State hospitals do not use Home Health Services, so we will not be using this segment.	Translation
2300	CRC	Home Health Activities Permitted		S				This segment is required to convey Home Health Plan of Treatment information when application. State hospitals do not use Home Health Services, so we will not be using this segment.	Translation
2300	CRC	Home Health Mental Status		S				This segment is required to convey Home Health Plan of Treatment information when application. State hospitals do not use Home Health Services, so we will not be using this segment.	Translation
2300	HI	Principal, Admitting, E-Code and Patient Reason For Visit Diagnosis ? Information		R				Required on all claims/encounters except claims for religious non-medical claims & hospital other.	Translation
2300	HI 01	Health Care Code Information		R				This is a composite data element of health care codes and their associated dates, amounts, & quantities.	Translation
2300	HI 01	Code List Qualifier Code	ID3	R				Hard code; BK=Principal diagnosis.	Processing Logic
2300	HI 01	Industry Code	AN30	R				No legacy connection (that Nick could find). Comments say Code indicates a code from a specific industry code list. What list??? Check with the UB-92 code book... maybe there's more info there. (item 76.)	System Questions

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	HI 02	Health Care Code Information		S				This is a composite data element of health care codes and their associated dates, amounts, & quantities.	Translation
2300	HI 02	Code List Qualifier Code	ID3	R				Code choices: BJ=Admitting Diagnosis; ZZ=Mutually defined. (which do we use?)	Processing Logic
2300	HI 02	Industry Code	AN30	R	RPS-ADM-REC	ADM-ADMIT-DIAG	X(06)		Case Management
2300	HI 03	Health Care Code Information		S				This is a composite data element of health care codes and their associated dates, amounts, & quantities.	Translation
2300	HI 03	Code List Qualifier Code	ID3	R				Hard Code; BN=US DHHS, Vital Statistics E-Code.	Policy Issues
2300	**HI**	**Diagnosis Related Group (DRG) Information**		**S**				This is required when an inpatient hospital is under DRG contract with a payer and the contract requires the provider to identify the DRG to the payer. This doesn't apply to the state hospitals, so we won't use this segment.	Translation
2300	HI 01	Health Care Code Information		R				A composite data element. We don't use DRG info, so this is not used.	Translation
2300	**HI**	**Other Diagnosis Information**		**S**				Required when other condition(s) co-exists with the principal diagnosis, co-exists at the time of admission or develops subsequently during the patient's treatment.	Translation
2300	HI 01	Health Care Code Information		R				This is a composite data element that refers to the diagnosis codes.	Translation
2300	HI 01	Code List Qualifier Code	ID3	R				Hard code: BF=Diagnosis	Processing Logic

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	HI 01	Other Diagnosis	AN30	R	RPS-ADM-REC	ADM-1ST-DIAG	X(06)		
2300	HI 02	Health Care Code Information		S				This is a composite data element that refers to the diagnosis codes.	Translation
2300	HI 02	Code List Qualifier Code	ID3	R				Hard code: BF=Diagnosis	Processing Logic
2300	HI 03	Health Care Code Information		S				This is a composite data element that refers to the diagnosis codes.	Translation
2300	HI 03	Code List Qualifier Code	ID3	R				Hard code: BF=Diagnosis	Processing Logic
2300	HI 04	Health Care Code Information		S				This is a composite data element that refers to the diagnosis codes.	Translation
2300	HI 04	Code List Qualifier Code	ID3	R				Hard code: BF=Diagnosis	Processing Logic
2300	HI 05	Health Care Code Information		S				This is a composite data element that refers to the diagnosis codes.	Translation
2300	HI 05	Code List Qualifier Code	ID3	R				Hard code: BF=Diagnosis	Processing Logic
2300	HI 06	Health Care Code Information		S				This is a composite data element that refers to the diagnosis codes.	Translation
2300	HI 06	Code List Qualifier Code	ID3	R				Hard code: BF=Diagnosis	Processing Logic
2300	HI 07	Health Care Code Information		S				This is a composite data element that refers to the diagnosis codes.	Translation
2300	HI 07	Code List Qualifier Code	ID3	R				Hard code: BF=Diagnosis	Processing Logic
2300	HI 08	Health Care Code Information		S				This is a composite data element that refers to the diagnosis codes.	Translation
2300	HI 08	Code List Qualifier Code	ID3	R				Hard code: BF=Diagnosis	Processing Logic
2300	HI 09	Health Care Code Information		S				This is a composite data element that refers to the diagnosis codes.	Translation
2300	HI 09	Code List Qualifier Code	ID3	R				Hard code: BF=Diagnosis	Processing Logic
2300	HI 10	Health Care Code Information		S				This is a composite data element that refers to the diagnosis codes.	Translation

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	HI 10	Code List Qualifier Code	ID3	R				Hard code: BF=Diagnosis	Processing Logic
2300	HI 10	Other Diagnosis	AN30	R				No legacy connection.	Processing Logic
2300	HI 11	Health Care Code Information		S				This is a composite data element that refers to the diagnosis codes.	Translation
2300	HI 11	Code List Qualifier Code	ID3	R				Hard code: BF=Diagnosis	Processing Logic
2300	HI 12	Health Care Code Information		S				This is a composite data element that refers to the diagnosis codes.	Translation
2300	HI 12	Code List Qualifier Code	ID3	R				Hard code: BF=Diagnosis	Processing Logic
2300	**HI**	**Principal Procedure Information**		**S**				Required on Home IV therapy claims when surgery was performed during inpatient stay from which the course of therapy was initiated. OR Required on inpatient claims/encounters when a procedure was performed. Not sure about whether this fits us or not. Am making it a system question for Francine. After answered this can be changed to "Translation".	System Questions
2300	HI 01	Health Care Code Information		R				This is a matrix regarding procedure information.	Translation
2300	HI 01	Code List Qualifier Code	ID3	R				Code Choices: BP=HCFA CPCS Principal Procedure or BR= ICD-9-CM. Which do we use???	System Questions
2300	HI 01	Principal Procedure Code	AN30	R	RPS-ICD-REC	ICD-CODE	X(06)	Not sure if this is the right code or not. There's another one (CPO-CODE in the RPS-CPO-REC).	System Questions
2300	HI 01	Date Time Period Format Qualifier	ID3	S				Hard code: D8	Processing Logic

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	**HI**	**Other Procedure Information**		**S**				Required on Home IV therapy claims when surgery was performed during inpatient stay from which the course of therapy was initiated. OR Required on inpatient claims/encounters when a procedure was performed. Again, not sure if this applies to us or not. I suspect not. But check with Francine. Change comment back to "Translation" when answered.	System Questions
2300	HI 01	Health Care Code Information		R				Composite data element that conveys "other procedure information".	Translation
2300	HI 01	Code List Qualifier Code	ID3	R				Code choices: BO= HCFA CPCS BQ=ICD-9-CM (Which do we use?)	Processing Logic
2300	HI 01	Procedure Code	AN30	R	RPS-CPO-REC	CPO-CODE	X(05)	Don't know if this is right or not. There were 2 Procedure code references that Nick found.	System Questions
2300	HI 01	Date Time Period Format Qualifier	ID3	S				Hard Code: D8	Processing Logic
2300	HI 01	Procedure Date	AN35	S				Express in CCYYMMDD format.	Missing Legacy Data
2300	HI 02	Health Care Code Information		S				Composite data element that conveys "other procedure information".	Translation
2300	HI 02	Code List Qualifier Code	ID3	R				Code choices: BO= HCFA CPCS BQ=ICD-9-CM (Which do we use?)	System Questions
2300	HI 02	Date Time Period Format Qualifier	ID3	S				Hard Code: D8	Processing Logic
2300	HI 02	Procedure Date	AN35	S				Express in CCYYMMDD format.	Missing Legacy Data
2300	HI 03	Health Care Code Information		S				Composite data element that conveys "other procedure information".	Translation

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	HI 03	Code List Qualifier Code	ID3	R				Code choices: BO= HCFA CPCS BQ=ICD-9-CM (Which do we use?)	System Questions
2300	HI 03	Date Time Period Format Qualifier	ID3	S				Hard Code: D8	Processing Logic
2300	HI 03	Procedure Date	AN35	S				Express in CCYYMMDD format.	Missing Legacy Data
2300	HI 04	Health Care Code Information		S				Composite data element that conveys "other procedure information".	Translation
2300	HI 04	Code List Qualifier Code	ID3	R				Code choices: BO= HCFA CPCS BQ=ICD-9-CM (Which do we use?)	Processing Logic
2300	HI 04	Date Time Period Format Qualifier	ID3	S				Hard Code: D8	Processing Logic
2300	HI 04	Procedure Date	AN35	S				Express in CCYYMMDD format.	Missing Legacy Data
2300	HI 05	Health Care Code Information		S				Composite data element that conveys "other procedure information".	Processing Logic
2300	HI 05	Code List Qualifier Code	ID3	R				Code choices: BO= HCFA CPCS BQ=ICD-9-CM (Which do we use?)	Processing Logic
2300	HI 05	Date Time Period Format Qualifier	ID3	S				Hard Code: D8	Processing Logic
2300	HI 05	Procedure Date	AN35	S				Express in CCYYMMDD format.	Missing Legacy Data
2300	HI 06	Health Care Code Information		S				Composite data element that conveys "other procedure information".	Translation
2300	HI 06	Code List Qualifier Code	ID3	R				Code choices: BO= HCFA CPCS BQ=ICD-9-CM (Which do we use?)	Processing Logic
2300	HI 06	Date Time Period Format Qualifier	ID3	S				Hard Code: D8	Policy Issues

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	HI 06	Procedure Date	AN35	S				Express in CCYYMMDD format.	Missing Legacy Data
2300	HI 07	Health Care Code Information		S				Composite data element that conveys "other procedure information".	Translation
2300	HI 07	Code List Qualifier Code	ID3	R				Code choices: BO= HCFA CPCS BQ=ICD-9-CM (Which do we use?)	Processing Logic
2300	HI 07	Date Time Period Format Qualifier	ID3	S				Hard Code: D8	Processing Logic
2300	HI 07	Procedure Date	AN35	S				Express in CCYYMMDD format.	Missing Legacy Data
2300	HI 08	Health Care Code Information		S				Composite data element that conveys "other procedure information".	Translation
2300	HI 08	Code List Qualifier Code	ID3	R				Code choices: BO= HCFA CPCS BQ=ICD-9-CM (Which do we use?)	Processing Logic
2300	HI 08	Date Time Period Format Qualifier	ID3	S				Hard Code: D8	Processing Logic
2300	HI 08	Procedure Date	AN35	S				Express in CCYYMMDD format.	Missing Legacy Data
2300	HI 09	Health Care Code Information		S				Composite data element that conveys "other procedure information".	Translation
2300	HI 09	Code List Qualifier Code	ID3	R				Code choices: BO= HCFA CPCS BQ=ICD-9-CM (Which do we use?)	Processing Logic
2300	HI 09	Date Time Period Format Qualifier	ID3	S				Hard Code: D8	Processing Logic
2300	HI 09	Procedure Date	AN35	S				Express in CCYYMMDD format.	Missing Legacy Data
2300	HI 10	Health Care Code Information		S				Composite data element that conveys "other procedure information".	Translation

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	HI 10	Code List Qualifier Code	ID3	R				Code choices: BO= HCFA CPCS BQ=ICD-9-CM (Which do we use?)	Processing Logic
2300	HI 10	Date Time Period Format Qualifier	ID3	S				Hard Code: D8	Processing Logic
2300	HI 10	Procedure Date	AN35	S				Express in CCYYMMDD format.	Missing Legacy Data
2300	HI 11	Health Care Code Information		S				Composite data element that conveys "other procedure information".	Translation
2300	HI 11	Code List Qualifier Code	ID3	R				Code choices: BO= HCFA CPCS BQ=ICD-9-CM (Which do we use?)	Processing Logic
2300	HI 11	Date Time Period Format Qualifier	ID3	S				Hard Code: D8	Processing Logic
2300	HI 11	Procedure Date	AN35	S				Express in CCYYMMDD format.	Missing Legacy Data
2300	HI 12	Health Care Code Information		S				Composite data element that conveys "other procedure information".	Translation
2300	HI 12	Code List Qualifier Code	ID3	R				Code choices: BO= HCFA CPCS BQ=ICD-9-CM (Which do we use?)	Processing Logic
2300	HI 12	Date Time Period Format Qualifier	ID3	S				Hard Code: D8	Processing Logic
2300	HI 12	Procedure Date	AN35	S				Express in CCYYMMDD format.	Missing Legacy Data
2300	**HI**	**Occurrence Span Information**		**S**				Required when occurence span information applies to the claim or encounter.	Translation
2300	HI 01	Health Care Code Information		R				This is a composite data element that conveys occurrence span information.	Translation
2300	HI 01	Code List Qualifier Code	ID3	R				Hard code BI=Occurrence Span.	Processing Logic

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	HI 01	Occurrence Span Code	AN30	R				Where do we get this code? Check UB92 reference (36 a-b).	Missing Legacy Data
2300	HI 01	Date Time Period Format Qualifier	ID3	R				Hard code: RD8	Processing Logic
2300	HI 01	Occurrence or Occurrence Span Code Associated Date	AN35	R				Expressed in CCYYMMDD-CCYYMMDD format.	Missing Legacy Data
2300	HI 02	Health Care Code Information		S				This is a composite data element that conveys occurrence span information.	Translation
2300	HI 02	Code List Qualifier Code	ID3	R				Hard code BI=Occurrence Span.	Processing Logic
2300	HI 02	Occurrence Span Code	AN30	R				Where do we get this code? Check UB92 reference (36 a-b).	Missing Legacy Data
2300	HI 02	Date Time Period Format Qualifier	ID3	R				Hard code: RD8	Processing Logic
2300	HI 02	Occurrence or Occurrence Span Code Associated Date	AN35	R				Expressed in CCYYMMDD-CCYYMMDD format.	Missing Legacy Data
2300	HI 03	Health Care Code Information		S				This is a composite data element that conveys occurrence span information.	Translation
2300	HI 03	Code List Qualifier Code	ID3	R				Hard code BI=Occurrence Span.	Processing Logic
2300	HI 03	Occurrence Span Code	AN30	R				Where do we get this code? Check UB92 reference (36 a-b).	Missing Legacy Data
2300	HI 03	Date Time Period Format Qualifier	ID3	R				Hard code: RD8	Processing Logic
2300	HI 03	Occurrence or Occurrence Span Code Associated Date	AN35	R				Expressed in CCYYMMDD-CCYYMMDD format.	Missing Legacy Data
2300	HI 04	Health Care Code Information		S				This is a composite data element that conveys occurrence span information.	Translation
2300	HI 04	Code List Qualifier Code	ID3	R				Hard code BI=Occurrence Span.	Processing Logic

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	HI 04	Occurrence Span Code	AN30	R				Where do we get this code? Check UB92 reference (36 a-b).	Missing Legacy Data
2300	HI 04	Date Time Period Format Qualifier	ID3	R				Hard code: RD8	Processing Logic
2300	HI 04	Occurrence or Occurrence Span Code Associated Date	AN35	R				Expressed in CCYYMMDD-CCYYMMDD format.	Missing Legacy Data
2300	HI 05	Health Care Code Information		S				This is a composite data element that conveys occurrence span information.	System Questions
2300	HI 05	Code List Qualifier Code	ID3	R				Hard code BI=Occurrence Span.	Processing Logic
2300	HI 05	Occurrence Span Code	AN30	R				Where do we get this code? Check UB92 reference (36 a-b).	Missing Legacy Data
2300	HI 05	Date Time Period Format Qualifier	ID3	R				Hard code: RD8	Processing Logic
2300	HI 05	Occurrence or Occurrence Span Code Associated Date	AN35	R				Expressed in CCYYMMDD-CCYYMMDD format.	Missing Legacy Data
2300	HI 06	Health Care Code Information		S				This is a composite data element that conveys occurrence span information.	Translation
2300	HI 06	Code List Qualifier Code	ID3	R				Hard code BI=Occurrence Span.	Processing Logic
2300	HI 06	Occurrence Span Code	AN30	R				Where do we get this code? Check UB92 reference (36 a-b).	Missing Legacy Data
2300	HI 06	Date Time Period Format Qualifier	ID3	R				Hard code: RD8	Processing Logic
2300	HI 06	Occurrence or Occurrence Span Code Associated Date	AN35	R				Expressed in CCYYMMDD-CCYYMMDD format.	Missing Legacy Data
2300	HI 07	Health Care Code Information		S				This is a composite data element that conveys occurrence span information.	Translation
2300	HI 07	Code List Qualifier Code	ID3	R				Hard code BI=Occurrence Span.	Processing Logic

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	HI 07	Occurrence Span Code	AN30	R				Where do we get this code? Check UB92 reference (36 a-b).	Missing Legacy Data
2300	HI 07	Date Time Period Format Qualifier	ID3	R				Hard code: RD8	Processing Logic
2300	HI 07	Occurrence or Occurrence Span Code Associated Date	AN35	R				Expressed in CCYYMMDD-CCYYMMDD format.	Missing Legacy Data
2300	HI 08	Health Care Code Information		S				This is a composite data element that conveys occurrence span information.	Translation
2300	HI 08	Code List Qualifier Code	ID3	R				Hard code BI=Occurrence Span.	Processing Logic
2300	HI 08	Occurrence Span Code	AN30	R				Where do we get this code? Check UB92 reference (36 a-b).	Missing Legacy Data
2300	HI 08	Date Time Period Format Qualifier	ID3	R				Hard code: RD8	Processing Logic
2300	HI 08	Occurrence or Occurrence Span Code Associated Date	AN35	R				Expressed in CCYYMMDD-CCYYMMDD format.	Missing Legacy Data
2300	HI 09	Health Care Code Information		S				This is a composite data element that conveys occurrence span information.	Translation
2300	HI 09	Code List Qualifier Code	ID3	R				Hard code BI=Occurrence Span.	Processing Logic
2300	HI 09	Occurrence Span Code	AN30	R				Where do we get this code? Check UB92 reference (36 a-b).	Missing Legacy Data
2300	HI 09	Date Time Period Format Qualifier	ID3	R				Hard code: RD8	Processing Logic
2300	HI 09	Occurrence or Occurrence Span Code Associated Date	AN35	R				Expressed in CCYYMMDD-CCYYMMDD format.	Missing Legacy Data
2300	HI 10	Health Care Code Information		S				This is a composite data element that conveys occurrence span information.	Translation
2300	HI 10	Code List Qualifier Code	ID3	R				Hard code BI=Occurrence Span.	Processing Logic

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	HI 10	Occurrence Span Code	AN30	R				Where do we get this code? Check UB92 reference (36 a-b).	Missing Legacy Data
2300	HI 10	Date Time Period Format Qualifier	ID3	R				Hard code: RD8	Processing Logic
2300	HI 10	Occurrence or Occurrence Span Code Associated Date	AN35	R				Expressed in CCYYMMDD-CCYYMMDD format.	Missing Legacy Data
2300	HI 11	Health Care Code Information		S				This is a composite data element that conveys occurrence span information.	Translation
2300	HI 11	Code List Qualifier Code	ID3	R				Hard code BI=Occurrence Span.	Processing Logic
2300	HI 11	Occurrence Span Code	AN30	R				Where do we get this code? Check UB92 reference (36 a-b).	Missing Legacy Data
2300	HI 11	Date Time Period Format Qualifier	ID3	R				Hard code: RD8	Processing Logic
2300	HI 11	Occurrence or Occurrence Span Code Associated Date	AN35	R				Expressed in CCYYMMDD-CCYYMMDD format.	Missing Legacy Data
2300	HI 12	Health Care Code Information		S				This is a composite data element that conveys occurrence span information.	Translation
2300	HI 12	Code List Qualifier Code	ID3	R				Hard code BI=Occurrence Span.	Processing Logic
2300	HI 12	Occurrence Span Code	AN30	R				Where do we get this code? Check UB92 reference (36 a-b).	Missing Legacy Data
2300	HI 12	Date Time Period Format Qualifier	ID3	R				Hard code: RD8	Processing Logic
2300	HI 12	Occurrence or Occurrence Span Code Associated Date	AN35	R				Expressed in CCYYMMDD-CCYYMMDD format.	Missing Legacy Data
2300	**HI**	**Occurrence Information**		**S**				When occurrence information applies to the claim or encounter.	Translation
2300	HI 01	Health Care Code Information		R				This is a composite data element that conveys occurrence information.	Translation

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	HI 01	Code List Qualifier Code	ID3	R				Hard Code: BH=occurrence.	Processing Logic
2300	HI 01	Occurrence Code	AN30	R				(Check UB92 32 a-b Occurrence code reference).	Missing Legacy Data
2300	HI 01	Date Time Period Format Qualifier	ID3	R				Hard Code: D8	Processing Logic
2300	HI 01	Occurrence or Occurrence Span Code Associated Date	AN35	R				Express in CCYYMMDD format.	Missing Legacy Data
2300	HI 02	Health Care Code Information		S				This is a composite data element that conveys occurrence information.	Translation
2300	HI 02	Code List Qualifier Code	ID3	R				Hard Code: BH=occurrence.	Processing Logic
2300	HI 02	Occurrence Code	AN30	R				(Check UB92 32 a-b Occurrence code reference).	Missing Legacy Data
2300	HI 02	Date Time Period Format Qualifier	ID3	R				Hard Code: D8	Processing Logic
2300	HI 02	Occurrence or Occurrence Span Code Associated Date	AN35	R				Express in CCYYMMDD format.	Missing Legacy Data
2300	HI 03	Health Care Code Information		S				This is a composite data element that conveys occurrence information.	Translation
2300	HI 03	Code List Qualifier Code	ID3	R				Hard Code: BH=occurrence.	Processing Logic
2300	HI 03	Occurrence Code	AN30	R				(Check UB92 32 a-b Occurrence code reference).	Missing Legacy Data
2300	HI 03	Date Time Period Format Qualifier	ID3	R				Hard Code: D8	Processing Logic
2300	HI 03	Occurrence or Occurrence Span Code Associated Date	AN35	R				Express in CCYYMMDD format.	Missing Legacy Data
2300	HI 04	Health Care Code Information		S				This is a composite data element that conveys occurrence information.	Translation

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	HI 04	Code List Qualifier Code	ID3	R				Hard Code: BH=occurrence.	Processing Logic
2300	HI 04	Occurrence Code	AN30	R				(Check UB92 32 a-b Occurrence code reference).	Missing Legacy Data
2300	HI 04	Date Time Period Format Qualifier	ID3	R				Hard Code: D8	Processing Logic
2300	HI 04	Occurrence or Occurrence Span Code Associated Date	AN35	R				Express in CCYYMMDD format.	Missing Legacy Data
2300	HI 05	Health Care Code Information		S				This is a composite data element that conveys occurrence information.	System Questions
2300	HI 05	Code List Qualifier Code	ID3	R				Hard Code: BH=occurrence.	Processing Logic
2300	HI 05	Occurrence Code	AN30	R				(Check UB92 32 a-b Occurrence code reference).	Missing Legacy Data
2300	HI 05	Date Time Period Format Qualifier	ID3	R				Hard Code: D8	Processing Logic
2300	HI 05	Occurrence or Occurrence Span Code Associated Date	AN35	R				Express in CCYYMMDD format.	Missing Legacy Data
2300	HI 06	Health Care Code Information		S				This is a composite data element that conveys occurrence information.	Translation
2300	HI 06	Code List Qualifier Code	ID3	R				Hard Code: BH=occurrence.	Processing Logic
2300	HI 06	Occurrence Code	AN30	R				(Check UB92 32 a-b Occurrence code reference).	Missing Legacy Data
2300	HI 06	Date Time Period Format Qualifier	ID3	R				Hard Code: D8	Processing Logic
2300	HI 06	Occurrence or Occurrence Span Code Associated Date	AN35	R				Express in CCYYMMDD format.	Missing Legacy Data
2300	HI 07	Health Care Code Information		S				This is a composite data element that conveys occurrence information.	Translation

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	HI 07	Code List Qualifier Code	ID3	R				Hard Code: BH=occurrence.	Processing Logic
2300	HI 07	Occurrence Code	AN30	R				(Check UB92 32 a-b Occurrence code reference).	Missing Legacy Data
2300	HI 07	Date Time Period Format Qualifier	ID3	R				Hard Code: D8	Processing Logic
2300	HI 07	Occurrence or Occurrence Span Code Associated Date	AN35	R				Express in CCYYMMDD format.	Missing Legacy Data
2300	HI 08	Health Care Code Information		S				This is a composite data element that conveys occurrence information.	System Questions
2300	HI 08	Code List Qualifier Code	ID3	R				Hard Code: BH=occurrence.	Processing Logic
2300	HI 08	Occurrence Code	AN30	R				(Check UB92 32 a-b Occurrence code reference).	Missing Legacy Data
2300	HI 08	Date Time Period Format Qualifier	ID3	R				Hard Code: D8	Processing Logic
2300	HI 08	Occurrence or Occurrence Span Code Associated Date	AN35	R				Express in CCYYMMDD format.	Missing Legacy Data
2300	HI 09	Health Care Code Information		S				This is a composite data element that conveys occurrence information.	Translation
2300	HI 09	Code List Qualifier Code	ID3	R				Hard Code: BH=occurrence.	Processing Logic
2300	HI 09	Occurrence Code	AN30	R				(Check UB92 23 a-b Occurrence code reference).	Missing Legacy Data
2300	HI 09	Date Time Period Format Qualifier	ID3	R				Hard Code: D8	Processing Logic
2300	HI 09	Occurrence or Occurrence Span Code Associated Date	AN35	R				Express in CCYYMMDD format.	Missing Legacy Data
2300	HI 10	Health Care Code Information		S				This is a composite data element that conveys occurrence information.	Translation

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	HI 10	Code List Qualifier Code	ID3	R				Hard Code: BH=occurrence.	Processing Logic
2300	HI 10	Occurrence Code	AN30	R				(Check UB92 32 a-b Occurrence code reference).	Missing Legacy Data
2300	HI 10	Date Time Period Format Qualifier	ID3	R				Hard Code: D8	Processing Logic
2300	HI 10	Occurrence or Occurrence Span Code Associated Date	AN35	R				Express in CCYYMMDD format.	Missing Legacy Data
2300	HI 11	Health Care Code Information		S				This is a composite data element that conveys occurrence information.	Translation
2300	HI 11	Code List Qualifier Code	ID3	R				Hard Code: BH=occurrence.	Processing Logic
2300	HI 11	Occurrence Code	AN30	R				(Check UB92 32 a-b Occurrence code reference).	Missing Legacy Data
2300	HI 11	Date Time Period Format Qualifier	ID3	R				Hard Code: D8	Processing Logic
2300	HI 11	Occurrence or Occurrence Span Code Associated Date	AN35	R				Express in CCYYMMDD format.	Missing Legacy Data
2300	HI 12	Health Care Code Information		S				This is a composite data element that conveys occurrence information.	Translation
2300	HI 12	Code List Qualifier Code	ID3	R				Hard Code: BH=occurrence.	Processing Logic
2300	HI 12	Occurrence Code	AN30	R				(Check UB92 32 a-b Occurrence code reference).	Missing Legacy Data
2300	HI 12	Date Time Period Format Qualifier	ID3	R				Hard Code: D8	Processing Logic
2300	HI 12	Occurrence or Occurrence Span Code Associated Date	AN35	R				Express in CCYYMMDD format.	Missing Legacy Data
2300	**HI**	**Value Information**		**S**				Required when value information applies to the claim or encounter.	Translation

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	HI 01	Health Care Code Information		R				This is a composite data element that conveys value information. Denise tells us that this information is currently being used and handwritten on UB92's. Where does this come from? FREO investigation, MH?	System Questions
2300	HI 01	Code List Qualifier Code	ID3	R				Hard code: BE=Value	Processing Logic
2300	HI 01	Value Code	AN30	R				Check UB92 (36a-d) for more coding information.	Missing Legacy Data
2300	HI 02	Health Care Code Information		S				This is a composite data element that conveys value information. Denise tells us that this information is currently being used and handwritten on UB92's. Where does this come from? FREO investigation, MH?	Translation
2300	HI 02	Code List Qualifier Code	ID3	R				Hard code: BE=Value	Processing Logic
2300	HI 02	Value Code	AN30	R				Check UB92 (36a-d) for more coding information.	Missing Legacy Data
2300	HI 03	Health Care Code Information		S				This is a composite data element that conveys value information. Denise tells us that this information is currently being used and handwritten on UB92's. Where does this come from? FREO investigation, MH?	Translation
2300	HI 03	Code List Qualifier Code	ID3	R				Hard code: BE=Value	Processing Logic
2300	HI 03	Value Code	AN30	R				Check UB92 (36a-d) for more coding information.	Missing Legacy Data
2300	HI 04	Health Care Code Information		S				This is a composite data element that conveys value information. Denise tells us that this information is currently being used and handwritten on UB92's. Where does this come from? FREO investigation, MH?	Translation
2300	HI 04	Code List Qualifier Code	ID3	R				No legacy information. Hard code: BE=Value	Processing Logic

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	HI 04	Value Code	AN30	R				Check UB92 (36a-d) for more coding information.	Missing Legacy Data
2300	HI 05	Health Care Code Information		S				This is a composite data element that conveys value information. Denise tells us that this information is currently being used and handwritten on UB92's. Where does this come from? FREO investigation, MH?	Translation
2300	HI 05	Code List Qualifier Code	ID3	R				Hard code: BE=Value	Processing Logic
2300	HI 05	Value Code	AN30	R				No legacy connection. Check UB92 (36a-d) for more coding information.	Processing Logic
2300	HI 06	Health Care Code Information		S				This is a composite data element that conveys value information. Denise tells us that this information is currently being used and handwritten on UB92's. Where does this come from? FREO investigation, MH?	Translation
2300	HI 06	Code List Qualifier Code	ID3	R				Hard code: BE=Value	Processing Logic
2300	HI 06	Value Code	AN30	R				Check UB92 (36a-d) for more coding information.	Missing Legacy Data
2300	HI 07	Health Care Code Information		S				This is a composite data element that conveys value information. Denise tells us that this information is currently being used and handwritten on UB92's. Where does this come from? FREO investigation, MH?	Processing Logic
2300	HI 07	Code List Qualifier Code	ID3	R				Hard code: BE=Value	Processing Logic
2300	HI 07	Value Code	AN30	R				Check UB92 (36a-d) for more coding information.	Missing Legacy Data
2300	HI 08	Health Care Code Information		S				This is a composite data element that conveys value information. Denise tells us that this information is currently being used and handwritten on UB92's. Where does this come from? FREO investigation, MH?	Processing Logic

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	HI 08	Code List Qualifier Code	ID3	R				Hard code: BE=Value	Processing Logic
2300	HI 08	Value Code	AN30	R				Check UB92 (36a-d) for more coding information.	Missing Legacy Data
2300	HI 09	Health Care Code Information		S				This is a composite data element that conveys value information. Denise tells us that this information is currently being used and handwritten on UB92's. Where does this come from? FREO investigation, MH?	Translation
2300	HI 09	Code List Qualifier Code	ID3	R				Hard code: BE=Value	Processing Logic
2300	HI 09	Value Code	AN30	R				Check UB92 (36a-d) for more coding information.	Missing Legacy Data
2300	HI 10	Health Care Code Information		S				This is a composite data element that conveys value information. Denise tells us that this information is currently being used and handwritten on UB92's. Where does this come from? FREO investigation, MH?	Translation
2300	HI 10	Code List Qualifier Code	ID3	R				Hard code: BE=Value	Processing Logic
2300	HI 10	Value Code	AN30	R				Check UB92 (36a-d) for more coding information.	Missing Legacy Data
2300	HI 11	Health Care Code Information		S				This is a composite data element that conveys value information. Denise tells us that this information is currently being used and handwritten on UB92's. Where does this come from? FREO investigation, MH?	Translation
2300	HI 11	Code List Qualifier Code	ID3	R				Hard code: BE=Value	Processing Logic
2300	HI 11	Value Code	AN30	R				Check UB92 (36a-d) for more coding information.	Missing Legacy Data

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	HI 12	Health Care Code Information		S				This is a composite data element that conveys value information. Denise tells us that this information is currently being used and handwritten on UB92's. Where does this come from? FREO investigation, MH?	Translation
2300	HI 12	Code List Qualifier Code	ID3	R				Hard code: BE=Value	Processing Logic
2300	HI 12	Value Code	AN30	R				Check UB92 (36a-d) for more coding information.	Missing Legacy Data
2300	**HI**	**Condition Information**		**S**				Required when condition information applies to the claim or encounter.	Translation
2300	HI 01	Health Care Code Information		R				This is a composite data element. Where do we get this info? Probably should come from MH?	Translation
2300	HI 01	Code List Qualifier Code	ID3	R				Hard Code: BG=Condition.	Processing Logic
2300	HI 01	Condition Code	AN30	R				Check UB92 (24-30) for code reference?	Missing Legacy Data
2300	HI 02	Health Care Code Information		S				This is a composite data element. Where do we get this info? Probably should come from MH?	Translation
2300	HI 02	Code List Qualifier Code	ID3	R				Hard Code: BG	Processing Logic
2300	HI 02	Condition Code	AN30	R				Check UB92 (24-30) for code reference?	Missing Legacy Data
2300	HI 03	Health Care Code Information		S				This is a composite data element. Where do we get this info? Probably should come from MH?	Translation
2300	HI 03	Code List Qualifier Code	ID3	R				Hard Code: BG	Processing Logic
2300	HI 03	Condition Code	AN30	R				Check UB92 (24-30) for code reference?	Missing Legacy Data
2300	HI 04	Health Care Code Information		S				This is a composite data element. Where do we get this info? Probably should come from MH?	Translation

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	HI 04	Code List Qualifier Code	ID3	R				This is a composite data element. Where do we get this info? Probably should come from MH?	Translation
2300	HI 04	Condition Code	AN30	R				Check UB92 (24-30) for code reference?	Missing Legacy Data
2300	HI 05	Health Care Code Information		S				This is a composite data element. Where do we get this info? Probably should come from MH?	Translation
2300	HI 05	Code List Qualifier Code	ID3	R				Hard Code: BG	Processing Logic
2300	HI 05	Condition Code	AN30	R				Check UB92 (24-30) for code reference?	Missing Legacy Data
2300	HI 06	Health Care Code Information		S				This is a composite data element. Where do we get this info? Probably should come from MH?	Translation
2300	HI 06	Code List Qualifier Code	ID3	R				Hard Code: BG	Processing Logic
2300	HI 06	Condition Code	AN30	R				Check UB92 (24-30) for code reference?	Missing Legacy Data
2300	HI 07	Health Care Code Information		S				This is a composite data element. Where do we get this info? Probably should come from MH?	Translation
2300	HI 07	Code List Qualifier Code	ID3	R				Hard Code: BG	Processing Logic
2300	HI 07	Condition Code	AN30	R				Check UB92 (24-30) for code reference?	Missing Legacy Data
2300	HI 08	Health Care Code Information		S				This is a composite data element. Where do we get this info? Probably should come from MH?	Translation
2300	HI 08	Code List Qualifier Code	ID3	R				Hard Code: BG	Processing Logic
2300	HI 08	Condition Code	AN30	R				Check UB92 (24-30) for code reference?	Missing Legacy Data

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	HI 09	Health Care Code Information		S				This is a composite data element. Where do we get this info? Probably should come from MH?	Translation
2300	HI 09	Code List Qualifier Code	ID3	R				Hard Code: BG	Processing Logic
2300	HI 09	Condition Code	AN30	R				Check UB92 (24-30) for code reference?	Missing Legacy Data
2300	HI 10	Health Care Code Information		S				This is a composite data element. Where do we get this info? Probably should come from MH?	Translation
2300	HI 10	Code List Qualifier Code	ID3	R				Hard Code: BG	Processing Logic
2300	HI 10	Condition Code	AN30	R				Check UB92 (24-30) for code reference?	Missing Legacy Data
2300	HI 11	Health Care Code Information		S				This is a composite data element. Where do we get this info? Probably should come from MH?	Translation
2300	HI 11	Code List Qualifier Code	ID3	R				Hard Code: BG	Processing Logic
2300	HI 11	Condition Code	AN30	R				Check UB92 (24-30) for code reference?	Missing Legacy Data
2300	HI 12	Health Care Code Information		S				This is a composite data element. Where do we get this info? Probably should come from MH?	Translation
2300	HI 12	Code List Qualifier Code	ID3	R				Hard Code: BG	Processing Logic
2300	HI 12	Condition Code	AN30	R				Check UB92 (24-30) for code reference?	Missing Legacy Data
2300	**HI**	**Treatment Code Information**		**S**				Required when Home Health agencies need to report Plan of Treatment information under various payer contracts. Since the State Hospitals do not use Home Health services, we will not use this segment.	Translation

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	**QTY**	**Claim Quantity**		**S**				For inpatient claims or encounters when covered, co-insured, life-time reserved or non-covered days are being reported.	Translation
2300	QTY01	Quantity Qualifier	ID2	R				Coding Choice: CA=Covered (actual) CD=Co-insured (actual) LA=Life-time Reserve (actual) NA=Number of Non-covered days.	Processing Logic
2300	QTY02	Claim Days Count	R15	R	RPS-CHG-REC	CHG-DAYS	9(02)	Denise says these are hand written on claims. Why? There is a data element in RPS?!	System Questions
2300	QTY03	Composite Unit of Measure		R				This is a composite data element concerning the days of service. Only the first code is used. There were 16 other elements to this composite, but they were deemed "Not Used".	Translation
2300	QTY03	Unit or Basis for Measurement Code	ID2	R				Hard code: DA = Days	Processing Logic
2300	**HCP**	**Claim Pricing/Repricing Information**		**S**				When sender is required to provide receiver with pricing or repricing information necessary to process the claim or encounter. Check with Kindra/Sonja. Message from 5-6 clarifies but not completely.	Translation
2300	HCP01	Pricing Methodology	ID2	R				Coding choices: see page IG309.	Not Used
2305	*CR7*	*Home Health Care Plan Information*		*S*				Used to convey Home Health Plan of Treatment information for this claim when applicable. Since the State Hospitals do not use Home Health services, we will not use this segment.	Translation

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2305	CR7	Home Health Care Plan Information		S				Used to convey Home Health Plan of Treatment information for this claim when applicable.	Translation
								Since the State Hospitals do not use Home Health services, we will not use this segment.	
2305	HSD	Health Care Services Delivery		S				Used to convey Home Health Plan of Treatment information for this claim when applicable.	Translation
								Since the State Hospitals do not use Home Health services, we will not use this segment.	
2310A	*NM1*	*Attending Physician Name*		*S*				Required on ALL inpatient claims (this is all our clients except PALS).	Translation
2310A	NM1	Attending Physician Name		S				This segment contains the identifying details about the attending physician.	Translation
2310A	NM101	Entity Identifier Code	ID3	R				Hard code: 71=Attending physician.	Processing Logic
2310A	NM102	Entity Type Qualifier	ID1	R				Coding Choices: 1=Person; 2=Non-person entity.	Processing Logic
2310A	NM103	Attending Physician Last Name	AN35	R	RPS-PHY-REC	PHY-PN-LAST-NAME	X(14)		
2310A	NM104	Attending Physician First Name	AN25	S	RPS-PHY-REC	PHY-PN-FIRST-NAME	X(10)		
2310A	NM105	Attending Physician Middle Name	AN25	S	RPS-PHY-REC	PHY-PN-MID-INT	X(01)		
2310A	NM107	Attending Physician Name Suffix	AN10	S	RPS-PHY-REC	PHY-PN-LAST-NAME	X(14)	Data comes from the hospitals	Processing Logic

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2310A	NM108	Identification Code Qualifier	ID2	R				Code choices: 24= Employer's Identification Number; 34= SSN; XX=HCFA NPI (this is required if NPI is mandated). I think we're currently using Employer's ID?	System Questions
2310A	NM109	Attending Physician Primary Identifier	AN80	R	RPS-ADM-REC	ADM-ADMIT-PHYS-NUM	9(03)	This data comes fromt the hospitals. This information was connected to the RPS-ADM-REC. In that record, there is an ADM-NAM and I'm wondering if it could be this physician instead of the one that was reported and connected. This should be checked out.	System Questions
2310A	**PRV**	**Attending Physician Specialty Information**		**R**				This segment conveys specialty information on the attending physician. It us used when adjudication is known to be impacted by the provider taxonomy#.	Translation
2310A	PRV01	Provider Code	ID3	R				Code Choices: AT=Attending; SU=Supervising. Hospital doesn't destinguish when they send the data. It is always assumed that the physician is the attending, so we should be able to hardcode AT.	Processing Logic
2310A	PRV02	Reference Identification Qualifier	ID3	R				Hard Code: ZZ (Mutually defined provider taxonomy code). We will need to get this info, but the hospital should send this info to us with the attending physician info.	Processing Logic
2310A	PRV03	Provider Taxonomy Code	AN30	R				Hospital should send us this info.	Missing Legacy Data

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2310A	REF	**Attending Physician Secondary Identification**		**S**				Use when secondary number is needed to identify the provider. Check with the hospital...do they want to send secondary information? If not, we can "not use" this segment.	Translation
2310A	REF01	Reference Identification Qualifier	ID3	R				See code choices on page IB326-327.	System Questions
2310B	*NM1*	*Operating Physician Name*		*S*				Required when any surgical procedure is listed on this claim. Since the hospital doesn't perform surgical procedures (rather they discharge patients and send to hospital for treatment/surgery, then readmit them afterward), this segment will not be used.	Translation
2310B	NM1	**Operating Physician Name**		**S**					Not Used
2310B	PRV	**Operating Physician Specialty Information**		**S**					Not Used
2310B	REF	**Operating Physician Secondary Identification**		**S**					Not Used

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2310C	NM1	Other Provider Name		S				Need to check with John M or Francine about interpretation on this. My interpretation of this is that we won't need to use this segment, as there won't ever be another provider outside of the State Hospitals. Notes say: Required on all outpatient and home health claims/encounters to indicate the person or organization (Home Health Agency) who rendered the care. In the case where a substitute provider was used, that person should be entered here. Required when the other provider information is different than that carried in either the Billing Provider or Pay-to Provider Loops. Required on non-outpatient (in-patient, SNF, ICF etc.) claims or encounters to indicate the physician who rendered the service for the principal procedure if other than the operating physician reported in 2310B. Not required on non-outpatient claims or encounters if no principal was performed.	System Questions

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2310C	NM1	Other Provider Name		S				Need to check with John M or Francine about interpretation on this. My interpretation of this is that we won't need to use this segment, as there won't ever be another provider outside of the State Hospitals. Notes say: Required on all outpatient and home health claims/encounters to indicate the person or organization (Home Health Agency) who rendered the care. In the case where a substitute provider was used, that person should be entered here. Required when the other provider information is different than that carried in either the Billing Provider or Pay-to Provider Loops. Required on non-outpatient (in-patient, SNF, ICF etc.) claims or encounters to indicate the physician who rendered the service for the principal procedure if other than the operating physician reported in 2310B. Not required on non-outpatient claims or encounters if no principal was performed.	System Questions
2310C	NM101	Entity Identifier Code	ID3	R				Hard Code=73 Other Physician.	Policy Issues
2310C	NM102	Entity Type Qualifier	ID1	R				Coding Choice: 1=person; 2=Non-person entity.	Processing Logic
2310C	NM103	Other Physician Last Name	AN35	R				Should think that if we DO need this information, it should come from the hospitals. Check with them.	Missing Legacy Data
2310C	NM104	Other Physician First Name	AN25	S				Should think that if we DO need this information, it should come from the hospitals. Check with them.	Missing Legacy Data
2310C	NM105	Other Provider Middle Name	AN25	S				Should think that if we DO need this information, it should come from the hospitals. Check with them.	Missing Legacy Data

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2310C	NM107	Other Provider Name Suffix	AN10	S				Should think that if we DO need this information, it should come from the hospitals. Check with them.	Missing Legacy Data
2310C	NM108	Identification Code Qualifier	ID2	R				No legacy connection. Should think that if we DO need this information, it should come from the hospitals. Check with them.	Missing Legacy Data
2310C	NM109	Other Physician Identifier	AN80	R				Should think that if we DO need this information, it should come from the hospitals. Check with them.	Missing Legacy Data
2310C	**PRV**	**Other Provider Specialty Information**		**R**				Need to check with John M or Francine about interpretation on this. My interpretation of this is that we won't need to use this segment, as there won't ever be another provider outside of the State Hospitals. Notes say: Required on all outpatient and home health claims/encounters to indicate the person or organization (Home Health Agency) who rendered the care. In the case where a substitute provider was used, that person should be entered here. Required when the other provider information is different than that carried in either the Billing Provider or Pay-to Provider Loops. Required on non-outpatient (in-patient, SNF, ICF etc.) claims or encounters to indicate the physician who rendered the service for the principal procedure if other than the operating physician reported in 2310B. Not required on non-outpatient claims or encounters if no principal was performed.	Translation
2310C	PRV01	Provider Code	ID3	R				Should think that if we DO need this information, it should come from the hospitals. Check with them.	Missing Legacy Data

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2310C	PRV02	Reference Identification Qualifier	ID3	R				No legacy connection. Should think that if we DO need this information, it should come from the hospitals. Check with them.	Processing Logic
2310C	PRV03	Provider Taxonomy Code	AN30	R				Should think that if we DO need this information, it should come from the hospitals. Check with them.	Missing Legacy Data
2310C	**REF**	**Other Provider Secondary Identification**		**S**				Need to check with John M or Francine about interpretation on this. My interpretation of this is that we won't need to use this segment, as there won't ever be another provider outside of the State Hospitals. Notes say: Required on all outpatient and home health claims/encounters to indicate the person or organization (Home Health Agency) who rendered the care. In the case where a substitute provider was used, that person should be entered here. Required when the other provider information is different than that carried in either the Billing Provider or Pay-to Provider Loops. Required on non-outpatient (in-patient, SNF, ICF etc.) claims or encounters to indicate the physician who rendered the service for the principal procedure if other than the operating physician reported in 2310B. Not required on non-outpatient claims or encounters if no principal was performed.	Translation
2310C	REF01	Reference Identification Qualifier	ID3	R				Should think that if we DO need this information, it should come from the hospitals. Check with them.	Missing Legacy Data
2310C	REF02	Other Provider Secondary Identifier	AN30	R				Should think that if we DO need this information, it should come from the hospitals. Check with them.	Missing Legacy Data

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2310D	*NM1*	*Referring Provider Name*		*S*				Used if claim or encounter involved a referral/order.	Translation
2310D	**NM1**	**Referring Provider Name**		**S**				This segment details the info about referring providers.	Translation
2310D	NM101	Entity Identifier Code	ID3	R				Code Choices: DN=Referring Provider; P3=Primary care Provider (Use only if loop is entered twice only on the 2nd iteration of the loop).	Processing Logic
2310D	NM102	Entity Type Qualifier	ID1	R				Code choice: 1=person; 2=non-person entity.	Processing Logic
2310D	NM103	Referring Provider Last Name	AN35	R	RPS-PHY-REC	PHY-PN-LAST-NAME	X(14)	Am worried about the RPS Data Element reported. It's the same as "Attending Physician". Need to check with Hospital to see if this is really needed and if they want to provide it, too.	System Questions
2310D	NM104	Referring Provider First Name	AN25	S	RPS-PHY-REC	PHY-PN-FIRST-NAME	X(10)	Am worried about the RPS Data Element reported. It's the same as "Attending Physician". Need to check with Hospital to see if this is really needed and if they want to provide it, too.	System Questions
2310D	NM105	Referring Provider Middle Name	AN25	S	RPS-PHY-REC	PHY-PN-MID-INT	X(01)	Am worried about the RPS Data Element reported. It's the same as "Attending Physician". Need to check with Hospital to see if this is really needed and if they want to provide it, too.	System Questions
2310D	NM107	Referring Provider Name Suffix	AN10	S	RPS-PHY-REC	PHY-PN-LAST-NAME	X(14)	Am worried about the RPS Data Element reported. It's the same as "Attending Physician". Need to check with Hospital to see if this is really needed and if they want to provide it, too.	System Questions

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2310D	NM108	Identification Code Qualifier	ID2	S				Code Choices: 24=Employer's ID; 34=SSN; XX= HCFA NPI (Required if the NPI is mandated for use, otherwise one of the other listed codes can be used).	Processing Logic
2310D	NM109	Referring Provider Identifier	AN80	S	RPS-CHG-REC	CHG-REFER-PHYS-NUM	9(03)	This looks right on the surface, but there's a UPIN number in this same RPS record....	System Questions
2310D	**PRV**	**Referring Provider Specialty Information**		**S**				THis is required if under provider-payer contract.	Translation
2310D	PRV01	Provider Code	ID3	R				Hard code RF=Referring.	Processing Logic
2310D	PRV02	Reference Identification Qualifier	ID3	R				No legacy connection. Hard Code: ZZ (Provider taxonomy).	Processing Logic
2310D	PRV03	Provider Taxonomy Code	AN30	R				If used, should come from the hospital with other provider information.	Missing Legacy Data
2310D	**REF**	**Referring Provider Secondary Identification**		**S**				Required if NM108/NM109 not used.	Translation
2310D	REF01	Reference Identification Qualifier	ID3	R				Code Choices: See pages IG347,348.	Processing Logic
2310D	REF02	Referring Provider Secondary Identifier	AN30	R				No legacy connection. Should come from hopsitals with other provider information.	Processing Logic
2310E	*NM1*	*Service Facility Name*		*S*				Use when the location of health care service is different than that carried in the Billing Provider or Pay-to provider loops. Services for our patients are only performed at the hospitals while admitted. We will not use this loop.	Translation
2310E	**NM1**	**Service Facility Name**		**S**					Not Used
2310E	**PRV**	**Service Facility Specialty Information**		**S**					Not Used

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2310E	N 3	Service Facility Address		R					Not Used
2310E	N 4	Service Facility City/State/Zip Code		R					Not Used
2310E	REF	Service Facility Secondary Identification		S					Not Used
2320	*SBR*	*Other Subscriber Information*		*S*				Use if other payers are known to potentially be involved in paying this claim. Payer responsibility.	Translation
2320	SBR	Other Subscriber Information		S				This segment contains information about other potential payer.	Translation
2320	SBR01	Payer Responsibility Sequence Number Code	ID1	R				See page IG360 for coding choices.	Processing Logic
2320	SBR02	Individual Relationship Code	ID2	R				See page IG360-362 for coding choices.	Processing Logic
2320	SBR03	Insured Group or Policy Number	AN30	S				Use this element to carry the subscriber's group number but not the number that uniquely identifies the subscriber.	Missing Legacy Data
2320	SBR04	Other Insured Group Name	AN60	S				Use this when the provider has the group name within their files.	Missing Legacy Data
2320	SBR09	Claim Filing Indicator Code	ID2	S				See pages IG363-364 for coding choices.	Processing Logic
2320	CAS	Claim Level Adjustment		S				Use when claim has been adjudicated by payer identified in this loop and has claim level adjustment information. Should use this to report prior payers claim level adjustments that cause the amount paid to differ from the amount originally charged. Codes and associated amount should come from the 835 received on the claim. If no previous payments have been made, omit this segment.	Translation

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2320	CAS01	Claim Adjustment Group Code	ID2	R				Should come from 835.	Processing Logic
2320	CAS02	Adjustment Reason Code	ID5	R				Should come from 835.	Processing Logic
2320	CAS03	Adjustment Amount	R18	R				Should come from 835.	Processing Logic
2320	CAS04	Adjustment Quantity	R15	S				Should come from 835.	Processing Logic
2320	CAS05	Adjustment Reason Code	ID5	S				No legacy connection. Should come from 835.	Processing Logic
2320	CAS06	Adjustment Amount	R18	S				No legacy connection. Should come from 835.	Processing Logic
2320	CAS07	Adjustment Quantity	R15	S				No legacy connection. Should come from 835.	Processing Logic
2320	CAS08	Adjustment Reason Code	ID5	S				No legacy connection. Should come from 835.	Processing Logic
2320	CAS09	Adjustment Amount	R18	S				No legacy connection. Should come from 835.	Processing Logic
2320	CAS10	Adjustment Quantity	R15	S				No legacy connection. Should come from 835.	Processing Logic
2320	CAS11	Adjustment Reason Code	ID5	S				No legacy connection. Should come from 835.	Processing Logic
2320	CAS12	Adjustment Amount	R18	S				No legacy connection. Should come from 835.	Processing Logic
2320	CAS13	Adjustment Quantity	R15	S				No legacy connection. Should come from 835.	Processing Logic
2320	CAS14	Adjustment Reason Code	ID5	S				No legacy connection. Should come from 835.	Processing Logic
2320	CAS15	Adjustment Amount	R18	S				No legacy connection. Should come from 835.	Processing Logic
2320	CAS16	Adjustment Quantity	R15	S				No legacy connection. Should come from 835.	Processing Logic

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2320	CAS17	Adjustment Reason Code	ID5	S				No legacy connection. Should come from 835.	Processing Logic
2320	CAS18	Adjustment Amount	R18	S				No legacy connection. Should come from 835.	Processing Logic
2320	CAS19	Adjustment Quantity	R15	S				No legacy connection. Should come from 835.	Processing Logic
2320	**AMT**	**Payer Prior Payment**		**S**				Use this when the present payer has paid an amount to the provider towards this bill.	Translation
2320	AMT01	Amount Qualifier Code	ID3	R				Hard code: C4=Prior payment-actual.	Processing Logic
2320	**AMT**	**Coordination of Benefits (COB) Total Allowed Amount**		**S**				Used to convey Coordination of Benefits Total Allowed amount applicable to this claim, if known.	Translation
2320	AMT01	Amount Qualifier Code	ID3	R				Hard Code: B6=allowed actual.	Processing Logic
2320	**AMT**	**Coordination of Benefits (COB) Total Submitted Charges**		**S**				Used to convey Coordination of Benefits Total submitted charges applicable to this claim, if known.	Translation
2320	AMT01	Amount Qualifier Code	ID3	R				Hard Code: T3=Total submitted charges.	Missing Legacy Data
2320	**AMT**	**Diagnostic Related Group (DRG) Outlier Amount**		**S**				This is used to convey DRG Outlier Amount applicable to this claim when known. The hospitals do not use DRGs so this segment will not be used.	Translation
2320	**AMT**	**Coordination of Benefits (COB) Total Medicare Paid Amount**		**S**				Used to convey Coordination of Benefits Total Medicare Paid amount applicable to this claim, if known.	Translation
2320	AMT01	Amount Qualifier Code	ID3	R				Hard code: N1= Net Worth.	Processing Logic
2320	**AMT**	**Medicare Paid Amount - 100%**		**S**				Used to convey Coordination of Benefits Paid amount 100% applicable to this claim, if known.	Translation

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2320	AMT01	Amount Qualifier Code	ID3	R				Hard Code: KF=Net Paid amount.	Processing Logic
2320	**AMT**	**Medicare Paid Amount - 80%**		**S**				Used to convey Medicare Paid Amount - 80% applicable to this claim, if known.	Translation
2320	AMT01	Amount Qualifier Code	ID3	R				Hard Code: PG	Processing Logic
2320	**AMT**	**Coordination of Benefits (COB) Medicare A Trust Fund Paid Amount**		**S**				Used to convey Coordination of Benefits Medicare A Trust Fun amount applicable to this claim, if known. Denise and Rita don't know what this is.	System Questions
2320	AMT01	Amount Qualifier Code	ID3	R				Hard code: AA=Allocated.	Processing Logic
2320	**AMT**	**Coordination of Benefits (COB) Medicare B Trust Fund Paid Amount**		**S**				Used to convey Coordination of Benefits Medicare B Trust Fund amount applicable to this claim, if known. Denise and Rita don't know what this is.	System Questions
2320	AMT01	Amount Qualifier Code	ID3	R				Hard code B1=Benefit amount.	Processing Logic
2320	**AMT**	**Coordination of Benefits (COB) Total Non-covered Amount**		**S**				Used to convey Coordination of Benefits Total Non Covered amount applicable to this claim, if known.	Translation
2320	AMT01	Amount Qualifier Code	ID3	R				Hard Code: A8-Non-Covered Charges-Actual.	Processing Logic
2320	**AMT**	**Coordination of Benefits (COB) Total Denied Amount**		**S**				Used to convey Coordination of Benefits Total Denied amount applicable to this claim, if known.	Translation
2320	AMT01	Amount Qualifier Code	ID3	R				Hard Code: YT (denied)	Processing Logic
2320	**DMG**	**Other Subscriber Demographic Information**		**S**				Use when there is another subscriber other than the one in 2330A.	Translation

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2320	DMG01	Date Time Period Format Qualifier	ID3	R				Hard code: D8	Processing Logic
2320	**OI**	**Other Insurance Coverage Information**		**R**				All the information in this segment applies ONLY to the payer who is identified in 2330B. It is specific only to that payer.	Translation
2320	OI 03	Benefits Assignment Certification Indicator	ID1	R				Code choices N=No; Y=yes	Processing Logic
2320	**MIA**	**Medicare Inpatient Adjudication Information**		**S**				This segment is used to convey the Medicare Inpatient adjudication information if returned in the 835.	Translation
2320	MIA01	Covered Days or Visits Count	R15	R	RPS-INS-REC	INS-CVRG-DAYS	9(03)		
2320	**MOA**	**Medicare Outpatient Adjudication Information**		**S**				To convey Medicare Out-Patient adjudication information if returned in the 835.	Translation
2330A	*NM1*	*Other Subscriber Name*		*R*				Submitters are required to send information on all other known subscribers in this loop.	Translation
2330A	**NM1**	**Other Subscriber Name**		**R**				This segment contains all of the "other Subscriber Name" information.	Translation
2330A	NM101	Entity Identifier Code	ID3	R				Hard code: IL= Insured or Subscriber.	Processing Logic
2330A	NM102	Entity Type Qualifier	ID1	R				Code Choice: 1=Person; 2=Non-person entity.	Processing Logic
2330A	NM103	Other Insured Last Name	AN35	R	RPS-INS-REC	INS-SUBSCRIB-NAME	X(40)	This is the same as "insured". It can't be both.	System Questions
2330A	NM104	Other Insured First Name	AN25	S	RPS-INS-REC	INS-SUBSCRIB-NAME	X(40)	This is the same as "insured". It can't be both.	System Questions
2330A	NM105	Other Insured Middle Name	AN25	S	RPS-INS-REC	INS-SUBSCRIB-NAME	X(40)	This is the same as "insured". It can't be both.	System Questions

Loop	*SegID*	*HIPAA Name*	*DT*	*Req*	*File*	*Field*	*DT*	*Comment*	*CommentType*
2330A	NM107	Other Insured Name Suffix	AN10	S	RPS-INS-REC	INS-SUBSCRIB-NAME	X(40)	This is the same as "insured". It can't be both.	System Questions
2330A	NM108	Identification Code Qualifier	ID2	R				Code choices: MI=MemberID; ZZ=Mutually Defined (see comments on page IG402) Which do we use?	System Questions
2330A	NM109	Other Insured Identifier	AN80	R	RPS-INS-REC	INS-INSD-ID	X(20)	Check to see if the RPS element was used in another segment.	System Questions
2330A	**N 3**	**Other Subscriber Address**		**S**				This is used to convey address information about the other insured. Looks like the RPS element that was provided is the same as the "subscriber". Check to see if RPS allows for multiple RECORDS of subscribers, otherwise this won't work.	Translation
2330A	N 301	Other Insured Address Line	AN55	R	RPS-INS-REC	INS-SUB-ADDR1	X(24)	This is the same as "insured". It can't be both.	System Questions
2330A	N 302	Other Insured Address Line	AN55	S	RPS-INS-REC	INS-SUB-ADDR2	X(24)	This is the same as "insured". It can't be both.	System Questions
2330A	**N 4**	**Other Subscriber City/State/ZIP Code**		**S**				THis segment conveys city/state, etc. about other subscriber.	Translation
2330A	N 401	Other Insured City Name	AN30	R	RPS-INS-REC	INS-SUB-CITY	X(23)	This looks like the same as in "Subscriber" loop. If it's the same and RPS doesn't allow for multiple records of subscriber information, this won't work.	System Questions
2330A	N 402	Other Insured State Code	ID2	R	RPS-INS-REC	INS-SUB-STATE	X(02)	This is the same as "insured". It can't be both.	System Questions
2330A	N 403	Other Insured Postal Zone or ZIP Code	ID15	R	RPS-INS-REC	INS-SUB-ZIP	X(12)	This looks like the same as in "Subscriber" loop. If it's the same and RPS doesn't allow for multiple records of subscriber information, this won't work.	System Questions

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2330A	N 404	Country Code	ID3	S	RPS-INS-REC	INS-SUB-CNTRY	X(03)	This is the same as "insured". It can't be both.	System Questions
2330A	**REF**	**Other Subscriber Secondary Information**		**S**				Use when additional identification is needed by the other subscriber in order to process the claim.	Translation
2330A	REF01	Reference Identification Qualifier	ID3	R				See codes on IG408-409	Processing Logic
2330B	*NM1*	*Other Payer Name*		*R*				Submitters are required to send all information on other payers in this loop.	Translation
2330B	**NM1**	**Other Payer Name**		**R**				This segment contains the identifying details about other known payers.	Translation
2330B	NM101	Entity Identifier Code	ID3	R				Hard Code: PR=Payer	Processing Logic
2330B	NM102	Entity Type Qualifier	ID1	R				Hard code: 2=non-person entity.	Processing Logic
2330B	NM103	Other Payer Last or Organization Name	AN35	R	RPS-INS-REC	INS-CO-NAME	X(40)	This looks like the same as in "Payer" loop. If it's the same and RPS doesn't allow for multiple records of payer information, this won't work.	System Questions
2330B	NM108	Identification Code Qualifier	ID2	R				Code Choices: PI=payer Identification XV= HCFA NPI.	Processing Logic
2330B	NM109	Other Payer Primary Identifier	AN80	R	RPS-INS-REC	INS-GRP-NUM	X(10)	This looks like the same as in "Payer" loop. If it's the same and RPS doesn't allow for multiple records of payer information, this won't work.	System Questions
2330B	**N 3**	**Other Payer Address**		**S**				This segment conveys other payer address.	Translation
2330B	N 301	Other Payer Address Line	AN55	R	RPS-INS-REC	INS-CO-ADDR1	X(24)	This looks like the same as in "Payer" loop. If it's the same and RPS doesn't allow for multiple records of payer information, this won't work.	System Questions

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2330B	N 302	Other Payer Address Line	AN55	S	RPS-INS-REC	INS-CO-ADDR2	X(24)	No legacy connection. This looks like the same as in "Payer" loop. If it's the same and RPS doesn't allow for multiple records of payer information, this won't work.	System Questions
2330B	**N 4**	**Other Payer City/State/ZIP Code**		**S**				This segment conveys city, etc of other payers.	Translation
2330B	N 401	Other Payer City Name	AN30	R	RPS-INS-REC	INS-CO-CITY	X(23)	This looks like the same as in "Payer" loop. If it's the same and RPS doesn't allow for multiple records of payer information, this won't work.	System Questions
2330B	N 402	Other Payer State Code	ID2	R	RPS-INS-REC	INS-CO-STATE	X(02)	This looks like the same as in "Payer" loop. If it's the same and RPS doesn't allow for multiple records of payer information, this won't work.	System Questions
2330B	N 403	Other Payer Postal Zone or ZIP Code	ID15	R	RPS-INS-REC	INS-CO-ZIP	X(12)	This is the same as "insured". It can't be both.	System Questions
2330B	N 404	Country Code	ID3	S	RPS-INS-REC	INS-CO-CNTRY	X(03)	This looks like the same as in "Payer" loop. If it's the same and RPS doesn't allow for multiple records of payer information, this won't work.	System Questions
2330B	**DTP**	**Claim Adjudication Date**		**S**				Use when loopID 2430 (Line adjudication date) is not used and this payer has adjudicated the claim.	Translation
2330B	DTP01	Date Time Qualifier	ID3	R				Hard Code: 573 (Date Claim paid)	Processing Logic
2330B	DTP02	Date Time Period Format Qualifier	ID3	R				Hard Code: D8	Processing Logic
2330B	DTP03	Adjudication or Payment Date	AN35	R				Express in CCYYMMDD Format	Missing Legacy Data
2330B	**REF**	**Other Payer Secondary Identification and Reference Number**		**S**				Required when a secondary number is needed to identify the payer. Used when it is necessary to identify the "other" payer's claim number in a payer-to-paer COB situation.	Translation

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2330B	REF01	Reference Identification Qualifier	ID3	R				Code Choices: see pages IG416-417	Processing Logic
2330B	**REF**	**Other Payer Prior Authorization or Referral Number**		**S**				Used when payer identified in this loop has gevin a prior authorization or referral number to this claim. This element is primarily used in payer-to-payer COB situations.	Translation
2330B	REF01	Reference Identification Qualifier	ID3	R				Code choices: 9F=Referral Number G1=Prior authorization Number.	Processing Logic
2330C	*NM1*	*Other Payer Patient Information*		*S*				In COB situations this is required to send one or more payer-specific patient ID numbers.	Translation
2330C	**NM1**	**Other Payer Patient Information**		**S**				Identity information on Other Payer.	Translation
2330C	NM101	Entity Identifier Code	ID3	R				Hard code: QC= patient.	Processing Logic
2330C	NM102	Entity Type Qualifier	ID1	R				Hard Code: 1=patient	Processing Logic
2330C	NM108	Identification Code Qualifier	ID2	R				Code choices: EI=employee id MI= Member ID#	Processing Logic
2330C	NM109	Other Payer Patient Primary Identifier	AN80	R	RPS-INS-REC	INS-INSD-ID	X(20)	Not sure if this is the correct data element or not (RPS)	System Questions
2330C	**REF**	**Other Payer Patient Identification Number**		**S**				Used when a COB payer has one or more proprietary patient id numbers for this claim.	Translation
2330C	REF01	Reference Identification Qualifier	ID3	R				Code Choices: see page IG422	Processing Logic
2330D	*NM1*	*Other Payer Attending Provider*		*S*				Used when it is necessary to send and additional payer-specific provider id number for non-destination COB payers.	Translation
2330D	**NM1**	**Other Payer Attending Provider**		**S**				Identifying data regarding the other payer's attending provider.	Translation
2330D	NM101	Entity Identifier Code	ID3	R				Hard code: 71=attending physician	Processing Logic

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2330D	NM102	Entity Type Qualifier	ID1	R				Code choice: 1= person 2=non-person entity	Processing Logic
2330D	**REF**	**Other Payer Attending Provider Identification**		**R**				Non-destination (COB) payer's provider ID nubmers.	Translation
2330D	REF01	Reference Identification Qualifier	ID3	R				Code Choices: See IG426-427	Processing Logic
2330E	*NM1*	*Other Payer Operating Provider*		*S*				Used when it is necessary to send an additional payer-specific provider id number for non-destination (COB) payers. Since we do not have surgical procedures, this loop/segment will not be used.	Translation
2330E	**NM1**	**Other Payer Operating Provider**		**S**					Not Used
2330E	**REF**	**Other Payer Operating Provider Identification**		**R**					Not Used
2330F	*NM1*	*Other Payer Other Provider*		*S*				When it is necessary to send an additional payer-specific provider # for non-destination COB payers.	Translation
2330F	**NM1**	**Other Payer Other Provider**		**S**				Identifying data about the other payer/other provider.	Translation
2330F	NM101	Entity Identifier Code	ID3	R				Hard Code: 73=Other physician	Processing Logic
2330F	NM102	Entity Type Qualifier	ID1	R				Code choices: 1=person 2=non-person entity	Processing Logic
2330F	**REF**	**Other Payer Other Provider Identification**		**R**				Reference data for other payer/other provider	Translation
2330F	REF01	Reference Identification Qualifier	ID3	R				Code choices: see codes IG434-435	Processing Logic
2330G	*NM1*	*Other Payer Referring Provider*		*S*				Use when it is necessary to send an additional payer-specific provider# for non-destination COB Payers.	Translation

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2330G	NM1	Other Payer Referring Provider		S				Identifying information about the other payer referring provider.	Translation
2330G	NM101	Entity Identifier Code	ID3	R				Coding Choice: DN=Referring provider P3=Primary Care provider	Processing Logic
2330G	NM102	Entity Type Qualifier	ID1	R				Coding Choices: 1=Person 2=Non-person entitiy	Processing Logic
2330G	REF	Other Payer Referring Provider Identification		R				Non-destination (COB) Payer's provider identification number(s).	Translation
2330G	REF01	Reference Identification Qualifier	ID3	R				Coding choices: See page IG438-439	Processing Logic
2330H	*NM1*	*Other Payer Service Facility Provider*		*S*				Use when it is necessary to send an additional payer-specific provider id# for non-destination COB payers. The State Hospitals patients do not get sent to other facilities without being discharged, this loop/segment will not be used.	Translation
2330H	NM1	Other Payer Service Facility Provider		S					Not Used
2330H	REF	Other Payer Service Facility Provider Identification		R					Not Used
2400	*LX*	*Service Line Number*		*R*				This segement begins with 1 and is incremented by one for each additional service line of a claim. The LX functions as a Line Counter. This data is not returned in the 835 transaction. It is used to indicated bundling/unbundling in SVC06.	Translation
2400	LX	Service Line Number		R				Line number.	Translation
2400	LX 01	Assigned Number	N06	R				Will be system supplied. Start with 1 then increment by one for each line that is transmitted.	Processing Logic

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2400	SV2	Institutional Service Line		R				Line detail. This segment is required for all claims that require procedure or drug information to be reported for claim adjudication.	Translation
2400	SV201	Service Line Revenue Code	AN48	R				See Code source 132: National Uniform Billing Committe Codes (NUBC)	Processing Logic
2400	SV202	Composite Medical Procedure Identifier		S				Composite data element that describes the procedure code.	Translation
2400	SV202	Product or Service ID Qualifier	ID2	R				Coding Choice: HC=HCFA CPCS N4 (NCD - for when we start billing for prescriptions/drugs)	Processing Logic
2400	SV202	Procedure Code	AN48	R	RPS-CHG-REC	CHG-CPT	X(08)	First 5 characters	Processing Logic
2400	SV202	Procedure Modifier	AN2	S	RPS-CHG-REC	CHG-CPT	X(08)	Last 2 characters	Processing Logic
2400	SV202	Procedure Modifier	AN2	S				Current process is to send each Code/Modifier as one "line" entry. One line per claim. We will probably continue that procedure.	Missing Legacy Data
2400	SV202	Procedure Modifier	AN2	S				Current process is to send each Code/Modifier as one "line" entry. One line per claim. We will probably continue that procedure.	Missing Legacy Data
2400	SV202	Procedure Modifier	AN2	S				Current process is to send each Code/Modifier as one "line" entry. One line per claim. We will probably continue that procedure.	Missing Legacy Data
2400	SV203	Line Item Charge Amount	R18	R	RPS-CHG-REC	CHG-AMT	S9(05) V99		
2400	SV204	Unit or Basis for Measurement Code	ID2	R				Coding choice: DA=Days; F2=International Unit (dosage amount for drug/prescription) and UN=units.	Processing Logic

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2400	SV205	Service Unit Count	R15	R	RPS-CHG-REC	CHG-UNIT-NO	X(03)		
2400	SV206	Service Line Rate	R10	S				Required when the associated revenue code is 100-219	Missing Legacy Data
2400	SV207	Line Item Denied Charge or Non-Covered Charge Amount	R18	S				To report line specific non-covered charge amount.	Missing Legacy Data
2400	**SV4**	**Prescription Number**		**S**				When a drug has been dispensed with an assigned Rx Number.	Translation
2400	SV401	Prescription Number	AN30	R				This is an item that the Hospitals are interested in pursuing.	Missing Legacy Data
2400	**PWK**	**Line Supplemental Information**		**S**				When paperwork support this claim. (This is on a line level)	Translation
2400	PWK01	Attachment Report Type Code	ID2	R				Coding choices: see page IG453	Processing Logic
2400	PWK02	Attachment Transmission Code	ID2	R				Coding choices: See page IG 454	Processing Logic
2400	PWK05	Identification Code Qualifier	ID2	S				Hard Code: AC=Attachment Control Number	Policy Issues
2400	PWK06	Attachment Control Number	AN80	S				use if PWK02=BM, EL, EM, or FX. Who is going to assign this number? The person who is actually sending? System supplied to the person who's sending?	System Questions
2400	**DTP**	**Service Line Date**		**S**				Required on outpatient claims when revenue, procedur, HIEC or drug codes are reporting the the SV2 segment.	Translation
2400	DTP01	Date Time Qualifier	ID3	R				Hard Code: 472 (service)	Processing Logic
2400	DTP02	Date Time Period Format Qualifier	ID3	R				Code choices: D8 (CCYYMMDD) or RD8 (CCYYMMDD-CCYYMMDD)	Processing Logic

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2400	DTP	Assessment Date		S				Required when an assessment date is necessary (ie: Medicare PPS Processing).	Translation
2400	DTP01	Date Time Qualifier	ID3	R				Hard Code: 866	Processing Logic
2400	DTP03	Assessment Date	AN35	R				We may not need this; if we don't do assessments.	Missing Legacy Data
2400	AMT	Service Tax Amount		S				Use when a service tax/surcharge applies to the service being reported in SV201.

THis doesn't apply to the Hospital's business. So we will not use this segment. | Translation |
| 2400 | AMT | Facility Tax Amount | | S | | | | Required when a service tax/surcharge applies to the service being reported in SV201.

We will not be using this segment. | Translation |
2420A	*NM1*	*Attending Physician Name*		*S*				When line level provider is known to impact adjudication.	Translation
2420A	NM1	Attending Physician Name		S				Identifying information about the linelevel attending physician.	Translation
2420A	NM101	Entity Identifier Code	ID3	R				Hard code: 71 Attending Physician.	Processing Logic
2420A	NM102	Entity Type Qualifier	ID1	R				Code choices: 1=person 2=non-person	Processing Logic
2420A	NM108	Identification Code Qualifier	ID2	R				Coding choices: 24=employer's id# (we use this one?) 34=SSN XX=HCFA NPI	Processing Logic
2420A	NM109	Attending Physician Primary Identifier	AN80	R	RPS-PHY-REC	PHY-PROVIDER-NUMBER	X(09)		
2420A	PRV	Attending Physician Specialty Information		R				Specialty informtaiton about the attending physician.	Translation
2420A	PRV01	Provider Code	ID3	R				Hard code: AT=attending	Processing Logic

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2420A	PRV02	Reference Identification Qualifier	ID3	R				Hard code: ZZ	Processing Logic
2420A	PRV03	Provider Taxonomy Code	AN30	R				This is from taxonomy code list.	Missing Legacy Data
2420A	**REF**	**Attending Physician Secondary Identification**		**S**				Secondary ID for attending physician.	Not Used
2420A	REF01	Reference Identification Qualifier	ID3	R				Coding choices: see page IG467-468	Processing Logic
2420B	*NM1*	*Operating Physician Name*		*S*				Required when line level provider information is known to impact adjudication. There are no surgical procedures performed at the facility, so we won't be using this loop/segment.	Not Used
2420B	**NM1**	**Operating Physician Name**		**S**					Not Used
2420B	**PRV**	**Operating Physician Specialty Information**		**S**					Not Used
2420B	**REF**	**Operating Physician Secondary Identification**		**S**					Not Used
2420C	*NM1*	*Other Provider Name*		*S*				Required when the line level provider information is known to impact adjudication. Denise and Rita both said this wouldn't be used. So we're not using.	Not Used
2420C	**NM1**	**Other Provider Name**		**S**					Not Used
2420C	**PRV**	**Other Provider Specialty Information**		**S**					Not Used
2420C	**REF**	**Other Provider Secondary Identification**		**S**					Not Used

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2420D	*NM1*	*Referring Provider Name*		*S*				Required if the referring provider in NM1 information is different that the one carried in the 2310D loop. Denise and Rita say nope. We won't use this.	Not Used
2420D	NM1	Referring Provider Name		S					Not Used
2420D	PRV	Referring Provider Specialty Information		S					Not Used
2420D	REF	Referring Provider Secondary Identification		S					Not Used
2430	*SVD*	*Service Line Adjudication Information*		*S*				If the claim had been previously adjudicated by payer identified in 2330B and service line has adjustments applied to it.	Translation
2430	SVD	Service Line Adjudication Information		S				Adjudication information for the line.	Not Used
2430	SVD01	Payer Identifier	AN80	R				This is the payer name.	Missing Legacy Data
2430	SVD03	Composite Medical Procedure Identifier		S				Composite data element. Procedure code.	Not Used
2430	SVD03	Product or Service ID Qualifier	ID2	R				Coding choices: IG491-492. They are different with the addendum....	Processing Logic
2430	SVD03	Procedure Code	AN48	R				This is available from HCFA. Should be the same as the regular line level procedure number.	Missing Legacy Data
2430	SVD03	Procedure Modifier	AN2	S				Same as procedure number modifier in the service line loop.	Missing Legacy Data
2430	SVD03	Procedure Modifier	AN2	S				Same as service line loop.	Missing Legacy Data

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2430	SVD03	Procedure Modifier	AN2	S				Same as service line loop.	Missing Legacy Data
2430	SVD03	Procedure Modifier	AN2	S				Same as service line loop.	Missing Legacy Data
2430	SVD03	Procedure Code Description	AN80	S				Use this when SVC01-7 was returned in the 835 transaction. Would this description also come from the 835?	System Questions
2430	SVD04	Service Line Revenue Code	AN48	R				Same as service line loop.	Missing Legacy Data
2430	SVD05	Adjustment Quantity	R15	R				Crosswalk from SVC05 in 835 or, if not present in 835, use original billed units.	Missing Legacy Data
2430	SVD06	Bundled or Unbundled Line Number	N06	S				Use the LX from this transaction which points to the bundled/unbundled line.	Processing Logic
2430	**CAS**	**Service Line Adjustment**		**S**				When prior payment had service line adjustments reported on a remittance.	Not Used
2430	CAS01	Claim Adjustment Group Code	ID2	R				Coding choices: Page IG495-496	Processing Logic
2430	CAS02	Adjustment Reason Code	ID5	R				Codes are located @upc-edi.com Comes from 835?	System Questions
2430	CAS03	Adjustment Amount	R18	R	RPS-ADJ-REC	ADJ-AMOUNT	S9(05) V99		
2430	**DTP**	**Service Adjudication Date**		**S**				When service line adjudication has been performed.	Translation
2430	DTP01	Date Time Qualifier	ID3	R				Hard code: 573 (Date Claim Paid)	Processing Logic
2430	DTP02	Date Time Period Format Qualifier	ID3	R				Hard code: D8	Processing Logic
2430	**SE**	**Transaction Set Trailer**		**R**				THIS IS IT!!! THE END!!! AND A REQUIRED SEGMENT AT THAT!!!	Translation

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2430	SE 01	Transaction Segment Count	N010	R				Total number of segments included in a transaction set including the ST and SE segments.	Processing Logic
2430	SE 02	Transaction Set Control Number	AN9	R				Must match ST02	Processing Logic

Comment Type Legend:

Case Management = "Nice to Have" fields for case reviewers.

Electronic COB = If we do electronic COB, these fields will be needed.

HIPAA Questions = Questions about interpreting the HIPAA Implementation Guides.

HIPAA Required = Required fields in HIPAA that don't seem to be in the legacy system.

Map Codes = Need to crosswalk local codes to standard codes.

Match Back = Fields received on an incoming transaction that must be returned in the response.

Nice to Have = Optional fields that are useful for other reasons.

Policy Issues = Decisions to be made by system experts.

Processing Logic = Logic that needs to be built into either the front end or MMIS.

System Questions = Questions about the legacy systems.

Translation = Only use to program translations.

Column Heading Legend:

"DT" = Data Type

COBOL Data Types Legend:

X(n) - Character data with length of n bytes

9(n) - Integer data with length of n bytes

S9(n) - Signed integer data with length of n bytes

9(n)V99 or 9(n)V9(2) - Numeric data with n decimal digits before the decimal point and 2 decimal digits after the decimal point

S9(n)V99 or S9(n)V9(2) - Signed numeric data with n decimal digits before the decimal point and 2 decimal digits after the decimal point

HIPAA Data Types Legend:

ANn - Free text with length of n bytes

IDn - Coded value with length of n bytes

Nn - Numeric data with length of n bytes

Rn - Real data with length of n bytes

DT8 - Date expressed as CCYYMMDD

TM8 - Time expressed as HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds ((00-99)